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These clinical tests indicate what happens when Swift's Meats for Babies are fed to very young infants:

Babies digest the nutrients of meat as easily as milk. *Sisson, Emmel and Filer, "Meat in the Diet of Prematures," Pediatrics, 7, 89, (1951).*

Babies utilize the nutrients in meat as well as those in milk. *Sisson, Emmel and Filer, "Meat in the Diet of Prematures," Pediatrics, 7, 89, (1951).*

Babies had a higher hemoglobin concentration when fed meat than when not fed meat. *Leverton and Clark, "Meat in the Diet of Young Infants," J.A.M.A., 134, 1215, (1947). Leverton, Clark, Bancroft and Popeman, "Further Studies of the Use of Meat in the Diet of Infants and Young Children," Pediatrics, 40, 761, (1952). Also Andelman, Gerald, Rambar and Kagan, "Effects of Early Feeding of Strained Meat to Prematurely Born Infants," Pediatrics, 9, 485, (1952).*

Babies had a 40% lower morbidity rate when fed meat than when not fed meat, and had fewer colds. *H. M. Jacobs and G. S. George, "Evaluation of Meat in the Infant Diet," Pediatrics, 10, 463, (1952).*

Babies allergic to milk proteins can substitute a formula made with meat. *McQuarrie and Ziegler, "Nutritive Value of Mineral-Enriched Meat and Milk," Pediatrics, 5, 210, (1950).*

If you would like a reprint of any of these studies, write Swift Canadian Co., Limited, Dept. S.M.B., Toronto 9, Ontario.

::: that's why doctors now start meat **earlier!**

- Swift's Meats for Babies are 100% meat—a top source of protein, B vitamins, and food iron. And they are expertly prepared for maximum retention of these nutrients.
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Between Ourselves

The Congress of the ***International Council of Nurses*** is over for another four years. It will provide much discussion material for months to come as delegates and other representative nurses report on the sessions they have attended, the interesting personalities they have met, and the new fund of broadly miscellaneous information on health and nursing activities that they have acquired. The Congress will be perpetuated in the memory of another group in no way directly associated with nursing, too — philatelists all over the world. The Brazilian government honored nurses everywhere by producing a commemorative postage stamp. There was a roaring trade in "first day" envelopes.

The story of all the meetings in this issue — both Grand Council and Congress — would fall short of its goal if it failed to reflect all the details of planning that such a gathering entails. Miss Bridges, for instance, not only had to engage in voluminous correspondence but made a flying trip to Brazil earlier in the year to confer on arrangements. An enormous volume of mimeographed material had to be prepared and collated. The important matter of securing capable stenographers for the business sessions and to transcribe last-minute reports and resolutions could not be left to chance. Miss Gwen Buttery, associate executive secretary, gave yeoman service in keeping all these details running smoothly.

Of course, the biggest burden lay on the shoulders of the Brazilian nurses themselves. It must have taken some careful planning, on the part of Miss Edith Frankael, director of the University School of Nursing, São Paulo, to have all of the rooms in the nurses' residence vacant and available for the use of the delegates to the Grand Council. It took courage, zeal and a wonderful job in public relations for the Brazilian Nurses' Association to have secured such considerable governmental support that all those attending the Congress could enjoy the superb accommodation at Hotel Quitandinha and partake of such bountiful meals for such a reasonable amount. If the Brazilian nurses sighed with relief when the last guest had embarked safely it was only because they had worked so hard and so long to ensure against every possible contingency. They were truly wonderful!

As noted elsewhere, we shall begin publishing some of the papers presented to the Congress in next month's issue. Since space will not permit all of them to be used, we shall endeavor to bring you condensations of many of them that we do not print in full in succeeding issues.

* * *

Commencing with this number we are presenting a new development for our readers. To our office each month come nursing and medical periodicals from many countries. Because this broad coverage of present-day developments is not available to most of you, we are going to summarize, digest or abstract many of the articles that these assorted journals contain. They will all appear under the heading ***Focus.*** We believe that every nurse is interested in thus getting to the core of facts, discoveries and developments as they are portrayed in print. We hope these condensations will serve to focus your attention on the wide range of subject matter that is related to our work.

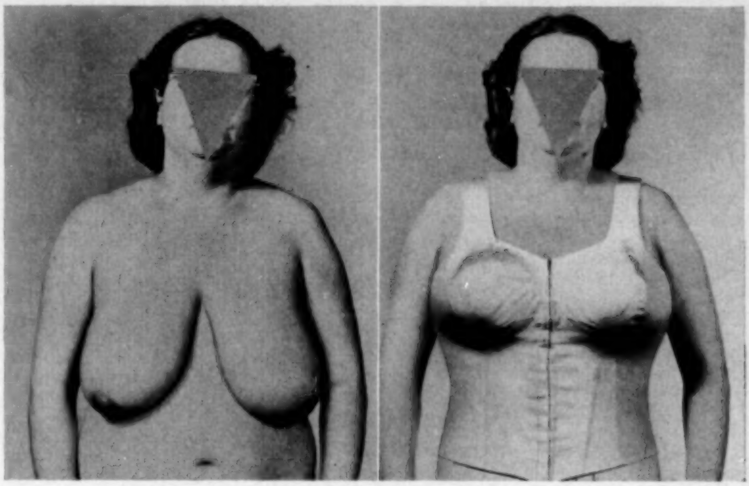
As far back as 1919, a great authority wrote: "It is hardly too much to say that in proportion as knowledge spreads in a population, disease and incapacity decline . . . Let men once feel that external circumstances control their fate, and their attitude to reform and progress is one of despair. Let them once recognize, on the other hand, that in large and increasing measure they are masters of their own destiny, and their life takes on a new, more hopeful and purposive aspect."

Accordingly health should be taught and practised in the home, in the school, on the job, and in the community at large.

—*WHO Newsletter,* May, 1953.

Prejudice is not held against people because they have evil qualities. Evil qualities are imputed to people because prejudices are held against them.

— Marshall Wingfield



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Description—Aluminum Hydroxide Gel with Magnesium Hydroxide, a pleasantly-flavored antacid in suspension and tablet form. Each teaspoonful of Suspension and each Tablet contains the equivalent of one teaspoonful Aluminum Hydroxide Gel and one-quarter teaspoonful milk of magnesia.

Indications—Controls temporary gastric hyperacidity described by such terms as "indigestion," "heartburn," "bloating," and "acid stomach." It is designed to relieve quickly the pain associated with hyperacidity in peptic ulcer and is recommended in the medical management of ulcer. It offers rapid, prolonged antacid effect without undesired physiological disturbance.

Administration—For temporary control of gastric hyperacidity, one or two teaspoonfuls with water, or one or two tablets, as required. In peptic ulcer, one to two teaspoonfuls with water or one or two tablets, five or six times daily, between meals and at bedtime.

COVISTEN

Manufacturer—Organon Canada Ltd., Montreal.

Description—Methyl androstendiol plus vitamins and minerals.

Indications—As a dietary supplement and tissue building aid.

Administration—Orally.

FURADANTIN

Manufacturer—Eaton Laboratories, Division of Norwich Pharmacal Co. Ltd., Toronto.

Description—Brand of Nitrofurantoin (N-(5-nitro-2-furfurylidene)-1-aminohydantoin), a urinary anti-infective agent.

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Indications—Conjunctivitis, blepharitis, dacryocystitis, corneal ulcer, trachoma, superficial punctate keratitis, and other external eye infections due to susceptible microorganisms.

Administration—*Solution*: Instil 2 or 3 drops into the eye three or more times daily. Although stinging or burning does not ordinarily occur following instillation of Gantrisin Ophthalmic, transient discomfort may occur in exceptional cases. *Ointment:* Squeeze a small amount of ointment into the conjunctival sac one to three times daily and at bedtime.

GLICETON ELIXIR

Manufacturer—E. R. Squibb & Sons of Canada Limited, Montreal.

Description—Elixir of glycerophosphates and vitamins with B_{12} in a most palatable base. Alcohol 17% by volume.

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Manufacturer—Merck & Co. Limited, Montreal.

Description—Brand of Hydrocortisone Acetate, 2.5% in ointment base for periodontal use.

Indications—Gingival inflammations — e.g., hyperplastic gingivitis, chronic desquamative gingivitis, and acute and chronic gingivitis.

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HEXOCREME

Manufacturer—Bell-Craig Limited, Toronto.

Description—Hexachlorophene 3% in an emollient detergent emulsion base of lanolin, cholesterol, petrolatum and alkyl aryl polyether sulfonate.

Indications—Detergent, surgical liquid for preoperative scrub-up and routine use to maintain a low bacteria skin-count.

Administration—Wet hands and forearms, add 1 or 2 cc. Hexocreme. Add water, in small portions, until a good lather is produced. Use for 15 or 30 seconds.

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Manufacturer—Sharp & Dohme (Canada) Ltd., Toronto.

Description—Each wafer contains 1.5 gm. methylcellulose in a wheat flour base, with sugars, salt and flavors. Each wafer represents about 30 calories and contains about 70 mg. sodium.

Indications—Provides bulk and allays hunger in the adjunctive treatment of obesity.

Administration—One or two one-half hour before meals or when hungry. Not more than eight should be taken in any 24-hour period. To ensure hydration of the methylcellulose it is essential that a full glass of water or aqueous liquid be taken with each wafer.

NEO-COFER

Manufacturer—Neo Drug Company, Montreal.

Description—Each tablet contains: Bone meal purified 5 gr., ferrous sulphate B. P. 5 gr., vitamin A 1,000 I. U., vitamin D 500 I. U., vitamin C 25 mg., vitamin B_1 1.5 mg., riboflavin 1 mg., niacinamide 10 mg.

Indications—As a dietary supplement in pregnancy, lactation, iron-deficiency anemias and convalescence.

Administration—One three times daily or as prescribed.

PANBIOTIC

Manufacturer—Bristol Laboratories of Canada Ltd., Montreal.

Description—Each reconstituted dose, using 1 cc. sterile water, contains: Dibenzylethylenediamine dipenicillin G 600,000 I. U., procaine penicillin G 300,000 I. U., buffered crystalline penicillin G potassium 300,000 I. U.

Indications—Penicillin-susceptible infections for very prolonged effects.

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Manufacturer—E. R. Squibb & Sons of Canada Limited, Montreal.

Description—A muscle relaxant closely resembling Tolserol but differing in that it apparently acts at a different site in the multi-synaptic mechanisms and, therefore, is principally useful in spastic conditions.

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Indications—Care of the infant's skin, diaper rash, measles, chickenpox, certain types of dermatitis, prickly heat, chafing and irritations, abrasions and lacerations, minor burns and scalds, sunburn, windburn.

Administration—Apply liberally as needed, after first cleansing the skin, and cover with a suitable dressing. On diaper rash, insignificant wounds, superficial skin lesions, dressing may be omitted.

How to Plan a Picnic

Weather man willing — ants and angry bulls permitting — most of us have gone picnicking this summer. There's a *knack* to picnicking, did you know? Here are a few ideas: Make and pack sandwiches at the last moment — for freshness; avoid moist, salad-type fillings — they spoil quickly; try cooking "kabob" luncheons — chunks of skewered meat and vegetables — over an open fire. They're different and delicious. Wrap and *label* sandwiches — many people have likes and dislikes — it saves food; take along insect repellent; build fires *only* in sheltered places — the wind may scatter the embers. Make sure the fire is *out* when you leave.

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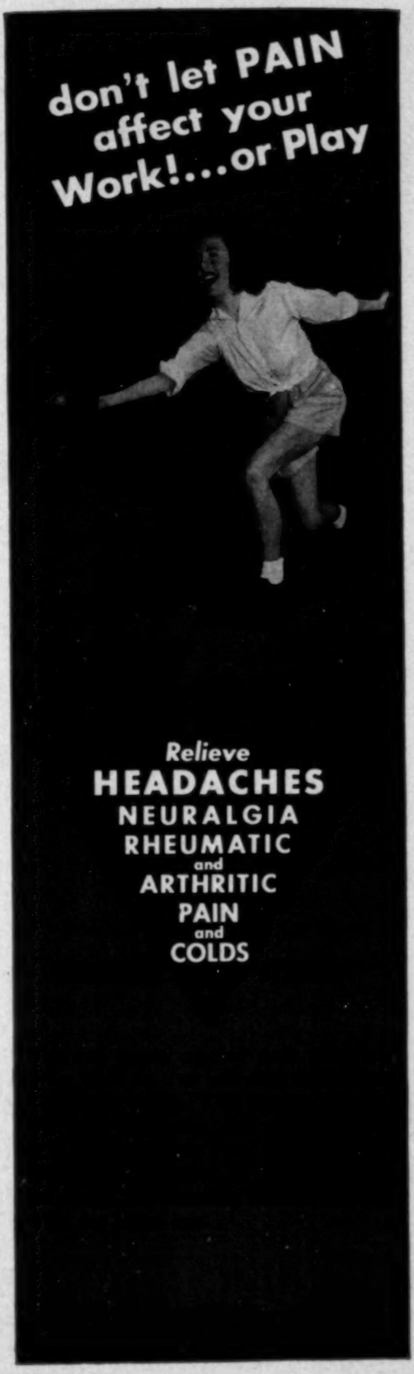

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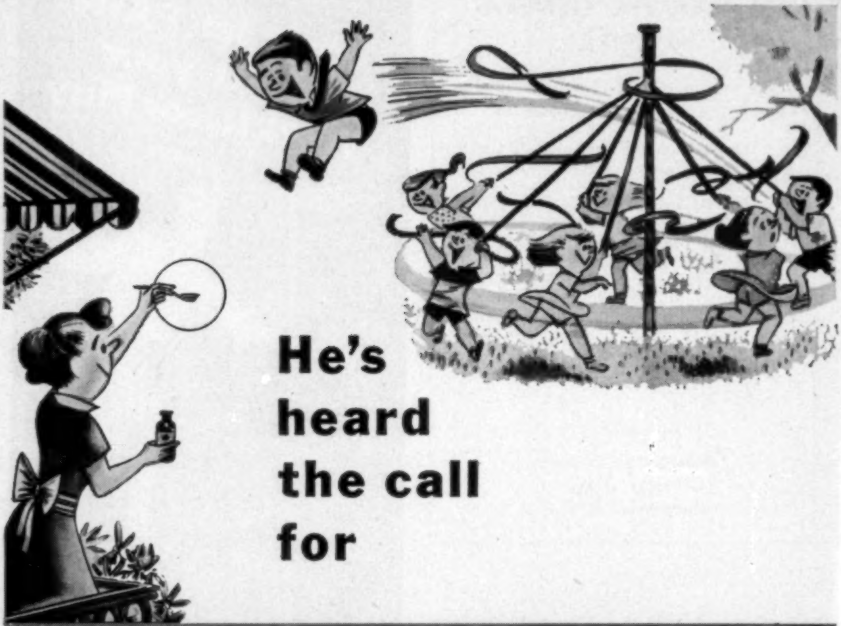

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Vitamin A	5000 int. units
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CANADIAN NURSE

A MONTHLY JOURNAL FOR THE NURSES OF CANADA
PUBLISHED BY THE CANADIAN NURSES' ASSOCIATION
VOLUME 49 NUMBER 9

MONTREAL, SEPTEMBER, 1953

The I.C.N. in Brazil

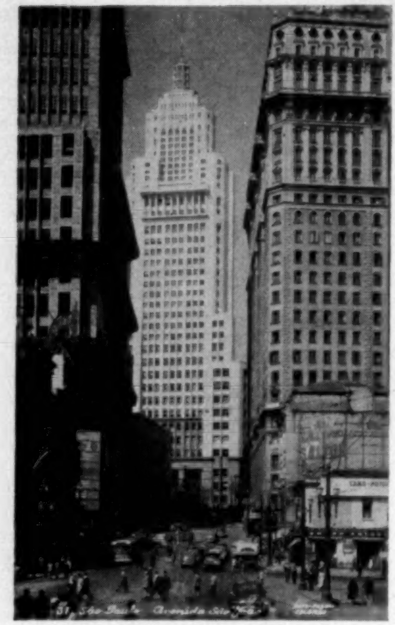
BACKGROUND

OCCUPYING nearly half of the continent of South America, Brazil, the hostess country to the recent Congress of the International Council of Nurses, is an amazing study in differences. Encompassing an area of 3,286,000 square miles, slightly smaller than Canada, its landscape ranges from tropical swamp to dry desert. The river systems are very extensive with navigation possible through most of their length. Boats of special design can make their way up the Amazon for the whole of its course of 2,000 miles.

Exceptionally varied and luxuriant vegetation covers the greater part of the country. Ranging from the dense tropical growth in the north to the pine forests in the south, it has been stated that a quarter of the known species of plant life may be found somewhere in Brazil. In addition to the profusion of such exotic fruits as mango and papaya, the omnipresent banana and familiar citrus are joined by most of the varieties of garden produce we know so well. For a piquant treat next summer, serve fresh strawberries with sweetened orange juice — most delectable!

Living in this immense country are some 52 million people. Almost 90 percent of them live along a narrow coastal belt where the greater part of the highways, railway lines and cultivated lands are concentrated. An unusual mixture of races and nationalities has been absorbed. Early Portuguese settlers mingled with the native Indians, as did later French, Italian, British, German, Spanish and Dutch immigrants and Negroes who had been brought in as slaves. Gradually these varied nationalities lost their European identity and emerged as the present-day Brazilians. The early Portuguese influence has dominated in many phases of Brazilian life. Brazil is the only Portuguese-speaking country in South America.

Modern professional nursing is relatively new in Brazil. The first school of nursing to be established is now only 36 years old. In 1922 the Rockefeller Foundation established a precedent with the development of the Ana Neri School of Nursing. Well qualified faculty members were brought in to serve as director, supervisors and instructors. This same pattern has been followed as new schools have been organized. A grand total of 3,284



Modern São Paulo

nurses have graduated from the 26 schools that are currently being operated. As in Canada, marriage responsibilities claim a large number of new graduates so that an urgent need for registered nurses persists in all parts of the country. Post-graduate public health courses at university level are currently being reorganized in São Paulo.

Sponsoring the Congress this past summer has been a gigantic task for the members of the Brazilian Nurses' Association. With just over one thousand members to do all the local planning, make all the arrangements and shoulder a considerable financial responsibility, skillful leadership, sincere professional devotion and hard work were demanded. The hundreds of nurses from all corners of the world who attended the Congress will bear witness to the success of their efforts. All were filled with admiration for hard-working president Glete de Alcantara and her valiant colleagues.

SÃO PAULO

Preceding the opening of the Congress, the meetings of the Board of Directors and of the Grand Council of the I.C.N. were held in São Paulo. There the representatives of twenty-six member countries and nine having national associate membership gathered —from Korea to Turkey, from Finland to Australia and countries in between.

São Paulo, a city of considerably over two million people, is situated in rising uplands of the southern region. Delegates had been reminded that this is the winter season in the southern hemisphere and that they must be prepared for cooler weather. Despite this warning, the fact that there were no heating systems in any of the buildings created a tremendous demand for hot-water bottles, extra sweaters and scarves. To us Northerners, accustomed to at least lukewarm radiators or, failing them, to open fireplaces, the view over a large city completely devoid of chimneys was startling. The usual comment that the chill in the air was "unusual" was greeted with wry humor.

Next year São Paulo is celebrating the four hundredth anniversary of its settlement. The towering magnificence of its modern buildings is a surprise and pleasure to the newcomer. Heavily industrialized though the city is, there are no sooty structures to be seen. Everywhere there is a profusion of blooms — tree-size poinsettias, colorful azaleas, bright-hued hibiscus. It seems that there is no season when flowers are not available.

During the first three days of the week when only a small proportion of the visitors were engaged in meetings, the others had an opportunity to try their skill with the Portuguese language and juggling a foreign currency. Many had heard that the three Brazilian products most frequently sought by tourists were: hand-embroidered blouses, crocodile or alligator leather goods and semi-precious stones, especially amethyst, topaz, and aquamarine. The quality of these products was excellent and the price sufficiently below that charged "up north" to encourage swarms of purchasers.

Nor was the week without its in-

The Grand Council in session. Canada's delegation is seated in the fourth row on the right.

teresting social affairs. First came a reception offered by the Brazilian Nurses' Association at the University School of Nursing of São Paulo. Delegates in their national costumes were in vivid contrast to the attire we are accustomed to on this continent. Thursday evening, Brazilian families received the delegates in their homes for dinner. Comparing notes the next day revealed that a most delectable variety of menus had been offered. One of the most interesting items, strange to us, was the palmetto — the new growth of a variety of palm tree — with a flavor akin to our asparagus.

GRAND COUNCIL MEETING

For the first time in the history of the I.C.N., the editors of professional nursing journals were invited to sit in on the Grand Council meetings as observers. It was a privilege that has afforded us an opportunity to bring our readers a brief but comprehensive picture of the stirring international activity.

President Gerda Höjer, in declaring the meeting open, voiced the hope that in the years to come the work of the Brazilian Nurses' Association would reflect the impetus that their splendid cooperation in preparing for the Congress has given them. She reminded the delegates that though little change had been essential in the basic structure of the I.C.N., there has been a broadening of the international relationships, particularly through affiliation with other world-wide organizations and, in particular, by the amalgamation of the I.C.N. with the Florence Nightingale International Foundation. She noted the necessity of conducting most of the interim committee work by correspondence. Since we in Canada are similarly restricted in the holding of regular committee meetings, Miss Höjer's comments may bring encouragement:

> This way of conducting committee work is most trying for the chairman. The inspiration that a personal meeting might give is denied this leader. On the other hand, there is no other limitation of her work than the one produced by lack of interest on the part of the members or, to put it another way, there is nothing to prevent the leader from working out new suggestions from the members. She is not limited by number or duration of meetings. It all depends on how much her inspiration can catch and hold the interest of the members.

The executive secretary of the I.C.N., Miss Daisy Bridges, in reporting an exceedingly active quadren-

Many editors of National Nursing Journals were present.

nial period since the Stockholm Congress, stressed the importance of the work of these years "for they set the stage for events that are likely to occupy us and our successors during the second half of this century and should indicate the direction in which we as a profession are travelling." Miss Bridges has personally visited the nurses of 13 countries in this interval and has attended innumerable meetings of other international organizations. She noted that the names and personal records of over 4,000 displaced nurses are on file at Headquarters and that very considerable assistance has been given them, through the national nurses' associations, in establishing themselves in new professional activity. She reminded us that in 1901 Mrs. Bedford Fenwick had chosen *Work* as the watchword. "All the Watchwords continue to inspire and guide us and Work is one of which we still are not afraid."

There was jubilation on the faces of the representatives from Jamaica and Trinidad when Miss Florence Emory, presenting the report of the Membership Committee, recommended full membership in the I.C.N. for them and for Ceylon, Chile, Luxemburg, Northern Rhodesia and Pakistan. Jamaica and Trinidad are the first of the British colonies to conform to basic requirements for membership which are:

(a) Is the national association representative of all the professional or registered nurses of the country?

(b) Is the national association governed solely by nurses?

(c) Are all of the members registered (professional) nurses before joining the association?

(d) Are nursing schools accredited or approved by an authoritative agency?

This addition brings to 37 the number of member countries in the I.C.N.

Associate National Representation was granted to eight new countries: Barbados, Burma, Ethiopia, Indonesia, Iran, Peru, Syria, and Uruguay, bringing the number of countries so represented to a total of 19.

The Committee on Constitution and By-laws clarified the relationship of the I.C.N. and F.N.I.F. According to the Council's solicitors, the F.N.I.F.

remains a separate entity within the structure of the I.C.N. The documents relating to it are to be printed separately. The word "non-sectarian," appearing in the preamble to the Constitution, was replaced by "shall embrace all faiths." The second sentence now reads, "Such National Associations shall be non-political in character, shall embrace all faiths and shall work together . . ."

An international Code of Nursing Ethics was presented and, after considerable discussion of separate items, was adopted as a guide for all the member countries, as follows:

INTERNATIONAL CODE OF NURSING ETHICS

1. The fundamental responsibility of the nurse is threefold: to conserve life, to alleviate suffering, and to promote health.

2. The nurse must maintain at all times the highest standards of nursing care and of professional conduct.

3. The nurse must not only be well prepared to practise but must maintain her knowledge and skill at a consistently high level.

4. The religious beliefs of a patient must be respected.

5. Nurses hold in confidence all personal information entrusted to them.

6. A nurse recognizes not only the responsibilities but the limitations of her or his professional functions; recommends or gives medical treatment without medical orders only in emergencies and reports such action to a physician at the earliest possible moment.

7. The nurse is under an obligation to carry out the physician's orders intelligently and loyally and to refuse to participate in unethical procedures.

8. The nurse sustains confidence in the physician and other members of the health team; incompetence or unethical conduct of associates should be exposed but only to the proper authority.

9. A nurse is entitled to just remuneration and accepts only such compensation as the contract, actual or implied, provides.

10. Nurses do not permit their names to be used in connection with the advertisement of products or with any other forms of self-advertisement.

11. The nurse cooperates with and maintains harmonious relationships with members of other professions and with her or his nursing colleagues.

12. The nurse in private life adheres to standards of personal ethics which reflect credit upon the profession.

13. In personal conduct nurses should not knowingly disregard the accepted patterns of behavior of the community in which they live and work.

14. A nurse should participate and share responsibility with other citizens and other health professions in promoting efforts to meet the health needs of the public — local, state, national, and international.

A very comprehensive study of audiovisual aids has been made by the Education Committee. The complete report of this study as presented to the Congress will be published in a later issue of the *Journal* so no comment will be made on it here.

What are the proper tasks of the nurse? The Nursing Service Committee has concerned itself with an intensive study of acceptable standards of nursing service. The task of formulating such standards has been shared by a wide range of well qualified nurses, each tackling a different phase of nursing service. The results of their study have been sent to all member countries for comments and amplification. Eventually, it is planned to have these papers rewritten by the original authors, incorporating such proposed additions as meet critical approval. All

Miss Höjer welcoming Mrs. Dolly, Trinidad, into full membership. Miss Evelyn, Jamaica, stands behind.

the material so prepared will be made available in loose-leaf form to the national associations to serve as a guide in the provision of better nursing care.

Even such a comprehensive job analysis as this merely shows of what individual nursing tasks consist. The committee plans to go further, therefore, and try to determine what type of worker is necessary to provide the various aspects of care. One point that was emphasized was the conviction that auxiliary nursing personnel are here to stay. Plans must be made for their education and supervision by professional nurses. Constant examination of patients' needs is essential so that the accumulated total of information may be valuable to the countries where nursing is an advanced profession as well as to those countries where professional nursing is young.

After considerable discussion regarding I.C.N. publications, it was decided to expand the usefulness of the Newsletter prepared regularly by the executive secretary and to curtail publication of *The International Nursing Review* to half-yearly issues at the same subscription price — in Canada, one dollar a year.

Indicative of a new awareness, in both the national associations and the I.C.N., of the importance of economic security for nurses was the very comprehensive report of the Economic Welfare Committee. This special committee was set up in 1947 to collect and interpret information regarding the salaries, pension schemes, and working conditions of graduate nurses. It is interesting to note that Canada was the only member country that does not have a recognized pension plan available to all nurses. It is impossible to present a complete summary of this 56-page report, but it will be valuable for reference purposes. A new avenue of study to be considered during the next quadrennium is the question of compensation for nurses who contract tuberculosis

I.C.N. Committee Chairmen

during the course of their work.

The liveliest discussion of the whole meeting centred around the report of the Exchange of Nurses Committee. The chief point at issue was: Should nurses be reasonably fluent in the language of the new country in which they wish to work *before* they journey thence? Majority, opinion decided that in order to understand the doctor's orders and to interpret them to the patients adequately, the nurse must either have a good working knowledge of the language or be willing to accept the status and salary of an auxiliary nurse until such language proficiency was acquired. Margaret Kruse, chairman of the committee, countered, "Come to Denmark with your own language and we will teach you Danish!" It was stressed throughout that nurses wishing to work in a country other than their own should write to their national association office for information regarding the ways of life, the history and culture of the country of their choice, so that they are thoroughly conversant with what will be expected of them. This information, for all the member countries of the I.C.N., may be sought through our own Canadian Nurses' Association, *1411 Crescent St., Montreal 25, Quebec*. It is a good address for us all to remember!

The bugaboo that haunts most of us — how to make ends meet on a limited income — has hampered the expansion of the I.C.N. This is particularly so since the F.N.I.F. has become an integral part of the I.C.N. Rather than forever having to solicit additional funds, it was unanimously decided to raise the per capita membership fee from 8 pence to 16 pence sterling, beginning on January 1, 1954.

The report of the Florence Nightingale International Foundation will be published in a later issue of our *Journal* so no extracts will be given here. The need is urgent for financial assistance to enable nurses who are appointed to administrative positions to fit themselves adequately for their new work by advanced study. There are many of the smaller countries where no such scholarships are available. Today neither the I.C.N. nor the F.N.I.F. has any scholarship program. Appreciation was voiced of the splendid assistance being given by the World Health Organization in this respect.

Miss Sharpe and Miss McArthur

The importance and value of a sound public relations program for the international association was stressed in this committee's report. Only set up in 1951, the effectiveness of their activity is already being reflected in an increased awareness of the aims and activity of the I.C.N. It was recommended that this committee become a permanent part of the structure of the association.

I.C.N. ELECTIONS

As the voting body of the I.C.N., the Grand Council, composed of the president and four delegates from each member association, marked four successive ballots — one for each elective office. Canada's delegates this year were: Helen G. McArthur, C.N.A. president; Gladys J. Sharpe, C.N.A. first vice-president; Alice L. Wright, Agnes J. Macleod, and Alice Girard.

The method of securing nominations is laid down in the I.C.N. Constitution and By-Laws. Each member country is requested to propose one name for each elective office eight months prior to the meeting of the Grand Council. The full nomination slate is mailed to each member association four months before the meeting.

Misses Marriott, Pohjala, and Duff-Grant

The results of the elections held this year are as follows:

President, Marie Bihet, Belgium; first vice-president, Gerda Höjer, Sweden; second vice-president, Katharine Densford, U.S.A., third vice-president, Lucy Duff-Grant, England.

Miss G. E. Davies, Great Britain, was returned to office as honorary treasurer, with Marjorie J. Marriott as her deputy.

THE 1957 CONGRESS

Another matter on which a ballot was taken concerned which of the three countries presenting invitations for the next congress would be accepted. Australia, Italy and Switzerland vied for this honor. When the vote went in favor of Italy, Miss Bice Enriques made a moving response:

> I am very touched by the enthusiasm with which you have accepted the Italian Nurses' Association's offer to hold in our country the 11th Congress of the I.C.N. . . . Italian nurses will be proud to receive you. They will do their utmost to make it a pleasant and valuable experience for you and for the I.C.N. Congress.

Christ of the Corcovado

The exact where and when of the 1957 Congress will be determined later. However, now is the time for Canadian nurses to begin drawing up their budgets so that they may have the experience of participating in one of these international events. Mme Germaine Vernet, president of the Swiss Nurses' Association, has extended a general invitation to the 1957 participants to go to Switzerland "to rest and recuperate *after* the Congress."

RIO DE JANEIRO

Those delegates who wanted to see the countryside journeyed to Rio by an early morning bus. They were a little envied, perhaps, by the fog-bound nurses who stood around the airport in São Paulo for more than two hours!

Rio de Janeiro, the capital of Brazil, is an amazing city. Encircled on three sides by the Carioca Mountains, with the surf of the Atlantic Ocean pounding on its world-famous beaches — Copacabana, Ipanema, Leblon, Flamengo — there is indescribable beauty — and also very moderate taxi fares! From its marble pedestal atop the Corcovado the impressive, gigantic figure of Christ, with the open arms of true hospitality, welcomes the traveller.

This warmth of hospitality was very fully demonstrated at a luncheon given by the public health and hospital authorities of Rio with all of the members of the Grand Council and associate representatives as guests. We Canadians found the tiny cups of coffee much too sweet for our taste. Imagine a miniature demi-tasse half full of sugar to which is added an ounce or two of very strong, black coffee!

Time is a curious commodity in Brazil. It is accepted by all that there are two distinctly different times — the one the clock says and Brazilian time. Thus, the luncheon scheduled for 1:00 p.m., actually got started at 2:30 p.m. The subsequent sightseeing bus trip was likewise so late getting started that the early winter twilight closed in before the tour was half accomplished.

PETROPOLIS

A breath-taking mountain highway, running far north through Brazil, led the Congress participants to the magnificent Hotel Quitandinha. Built in the heyday of casino resorts and now administered by the federal government, this hotel absorbed the 1,307 representatives of 46 countries and still had room to spare for regular guests. As the busloads of nurses arrived from Rio, followed by truckloads of luggage, the efficient organization of the Brazilian nurses became evident. There was a minimum of confusion and delay as the hundreds of registrants were assigned to their rooms and given their precious books of meal tickets.

Arriving at Petropolis

The Congress registration desk was thronged as the nurses queued up to receive their I.C.N. pins and identification labels. The Tower of Babel, of biblical fame, was relived. One would have expected that Portuguese would be heard most frequently with over 400 Brazilian registrants. Actually, the commonest language was English. There were over 350 nurses from the United States, 42 of us from Canada plus smaller delegations from many corners of the Commonwealth. Soon, even the elevator boys were beginning to understand our tongue.

Registration

There was good-natured competition among the visitors, when nightfall came, to find for themselves, then point out to their colleagues the location of "O Cruzeiro," the Southern Cross. We northerners were baffled, at first, by the fact that the sun moves from east to west via the north rather than the south as we are accustomed to see it. One mystery of the firmament is still unsolved — why was the new moon lying absolutely "flat on its back" instead of being upright as it is in our hemisphere?

THE CONGRESS

The opening ceremonies on Sunday, July 12, will not soon be forgotten by those privileged to attend. The beautiful assembly hall was jammed with nurses, many of them in their native costumes, and scores of prominent citizens from Rio, especially invited for the occasion. One slightly distracting

Miss Höjer opens the Congress.

The packed auditorium at the opening ceremonies. Head table superimposed at top.

element was the horde of photographers whose flashlight bulbs disregarded completely the various speakers.

One particularly moving part of the program came when the Certificates of Membership were presented to the countries newly welcomed into full partnership. As each recipient made her little speech of appreciation we had a momentary glimpse of the joy this recognition brought — ample reward for the valiant efforts that had been necessary to raise the standards of nursing education and practice in their homelands.

Tribute must be paid to the very able corps of translators who quickly and efficiently turned English into Portuguese and vice versa. All of the addresses given throughout the week were printed in both languages but pertinent questions and discussion points were translated with such apparent lack of effort that one was scarcely aware of the time lapse.

Many of the Congress papers will be published in our subsequent issues so no comment will be made on them here. All the papers were worthwhile. It is regrettable that space will not permit us to share them all with you.

SOCIAL EVENTS

We Canadians were enormously proud when our president, Helen McArthur, was selected to represent the English-speaking delegates and journey to Rio with three other nurses to meet the President of Brazil, Getulio Vargas. A late coffee party rounded out the opening day affairs.

The Mayor of Petropolis, Señor Cordelino Ambrosio, was host to a large gathering of the nurses on Tuesday, July 14. Again, colorful national costumes gave an additional note of gayety to a festive occasion, complete with orchestra. There were only about five North American tunes that any of the musicians we heard knew how to play. The same ones kept recurring.

Wednesday afternoon was official tour day. Visits were arranged to the leading hospitals in Rio and to the University of Brazil, followed by sumptuous repasts.

Breakfast parties were enjoyed by many groups. The McGill School for Graduate Nurses and the University of Toronto School of Nursing found

At the Mayor's reception, Petropolis.

many alumnae present among the Congress registrants. Of course there was one day when all of the Canadians got together, too. Copies of the accompanying group picture may be obtained for ten cents from the *Journal* office.

The formal banquet on Thursday evening was a gala affair. A beautiful bouquet was presented to Miss Höjer who, amid cheers and applause, led the

Canadians following the Breakfast Party.

Misses Alcantara, Brazil, Höjer, Sweden, Inouye, Japan.

"Conga line" from the dining-room to the auditorium. There, an accomplished group of piano-accordionists took us on a musical trip around the world.

CLOSING CEREMONIES

It has been traditional for the I.C.N. president to give the assembled nurses a Watchword for each succeeding quadrennial period. In her closing address on Friday afternoon Miss Höjer said:

> From 1947 until today I have seen the growing work of the I.C.N. from the inside. I have been able to feel the strong rock on which our Council is built. You all know it and yet it cannot be stressed too often: the work of our Council is entirely dependent upon the responsibility you take upon yourselves in connection with our work. You as an Active Member Association, you as individual members of your national association, you as a member of a committee or chairman, all have to carry the responsibility of our Council and, first and last, the individual nurse must carry it. My Watchword is *Responsibility*.

Mlle Bihet, in accepting the gavel as the symbol of her new office, pledged herself "to an unrestricted loyalty to the I.C.N." She noted in her address that —

> Our vitality and the professional spirit, if it is to be maintained, must be present first and foremost in the national associations... Students should be taught that professional progress depends very largely on the strength of the professional associations.
>
> It is not always easy for us to understand each other. Our opinions, customs, language, problems, and philosophical and religious ideals vary widely. Whatever the apparent differences may be, the I.C.N. gives us all a golden opportunity of working together to keep alight the flame of charity and goodwill.

On behalf of all the nurses assembled Miss Irma Jeanty, president of the National Association of Graduate Haitian Nurses, expressed our sincere appreciation for the opportunities for enriching experiences each of us had had:

> How shall we thank Miss Höjer who, inspired by knowledge and devotion, has given her time and energy unsparingly to her tasks as president? Because she understood the importance of a better international understanding she has devoted herself to the development and continuous raising of professional standards. We appreciate her initiative and great spirit of order and discipline. The pages of nursing history will proclaim the merits of her splendid contribution.

How shall we, the nurses of Canada, show our gratitude for the leadership Miss Höjer has so ably given for the past six years? By accepting her Watchword as our guiding principle; by each of us resolutely determining to carry our full share of professional responsibility — locally, provincially, nationally, and internationally; by showing as fine a spirit of friendliness and cooperation as was apparent every minute that the Congress was in session.

Intolerance, and racial and religious discrimination are not the by-products of any particular kind of working condition, wage-classification, or economic group. They are germs which do their damage in every type of human being, and they are just as contagious and indiscriminate as chicken-pox, while having a mortality factor more closely resembling that of cancer and tuberculosis.

— CHARLES E. WILSON

Treatment of Fractures in Mass Casualties

A. D. McLachlin, M.D.

Injuries due to heat will provide a large proportion of the casualties in a disaster area. Apart from this and the later effects of irradiation, the problems should be very similar to those encountered under battle conditions. This section will be devoted to fractures and treatment will be discussed under three headings: (1) First aid in the disaster area; (2) First aid stations; (3) Emergency hospitals.

In the Disaster Area

First aid in the disaster area will be essentially the splinting of fractures so that further damage will not occur during transport. The Thomas splint is an ideal means of immobilizing either the arm or leg. Adhesive traction or an apparatus that will permit traction through the shoe without danger of constriction or skin necrosis will aid in immobilization. It is unlikely that Thomas splints will be available in adequate numbers in a disaster area. Long wooden splints are more easily stored and transported and may prove more practical. The splintage value of the opposite leg in injuries of the lower extremity and of the trunk in injuries of the upper extremity should not be forgotten. Adequate padding, especially about pressure points, and the avoidance of any constriction must also be remembered.

Bleeding from compound fractures will rarely, if ever, require a tourniquet. A large dressing placed in the wound and held securely in position by bandaging will almost always control bleeding without the danger of loss of limb inherent in use of a tourniquet.

Injuries of the vertebral column should be lifted and transported without flexion or rotation of the spine.

Stretchers or some similar improvisation will be essential in transport. Vehicles of all types will be utilized as best possible. The patient should be kept on the same stretcher during all the initial stages of his treatment. The deleterious effect of any unnecessary shifting of patients has been shown very clearly in both civilian and war casualties.

First Aid Stations

First aid stations will provide the materials and personnel for more adequate first aid treatment. Splintage may be adjusted or changed to a more suitable form. A burn that constitutes the major injury may relegate the fracture to a comparatively minor position in the over-all treatment. If it seems wise to concentrate on treatment of the burn, the fragments should be so aligned that a closed fracture will not be changed to a compound one and the limb should be immobilized in the best position obtainable under the circumstances.

If plaster of paris is employed at this level or any level where absolute supervision cannot be obtained, the plaster should be split to the skin for its full length. The dangers of occlusion of blood supply and increasing swelling within a circular plaster cannot be over-emphasized. Splitting the plaster will be facilitated by placing a piece of heavy rubber tubing coated with vaseline against the skin for the full length on the dorsum of the extremity before padding and plaster are applied. When the tube is pulled out, a groove is left for insertion of a plaster cutter. With the division of responsibility that will be essential in the treatment and shipping of mass

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casualties, this principle of splitting all circular plasters from top to bottom to the skin should be well established. For similar reasons, there seems no place for the unpadded plaster.

It is not expected that definitive treatment will be given at first aid stations but that casualties will be passed on to emergency hospitals within a 24-hour period.

EMERGENCY HOSPITAL SERVICE

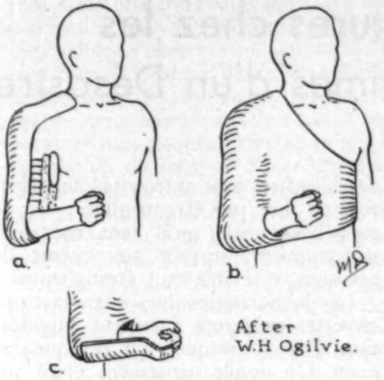
Emergency hospital service will be provided by existing hospitals within the range of transportation and by improvised hospitals. These improvised hospitals will be set up in suitable buildings, such as school houses, and staffed by emergency teams that have been brought into the periphery of the disaster area. The arrangements might compare with those of a Casualty Clearing Station or a combination of Field Surgical and Field Transfusion Units, constituting an advanced surgical centre under battle conditions. Definitive treatment will be given in the emergency hospital and the patient held as long as a week before shifting to a more distant hospital where the final phase of management will be carried out.

Determination of priority of treatment will be extremely important. Handling large numbers of patients with a limited staff may make it impossible to carry out methods of treatment that are now common in civilian practice. Closed fractures that would ordinarily be treated by open reduction would very wisely be placed in plaster in the best position possible. Any open interference should be delayed until the patient reaches a centre where pressure of work and hospital conditions will permit the care necessary in undertaking conversion of a closed into an open and potentially-infected fracture. Delay of a week in a necessary open reduction will make little difference in the final outcome but will permit concentration of attention on the compound fractures that threaten both life and limb. It would be a wise rule that no open reduction of a closed fracture be attempted in the treatment of mass casualties until conditions equal to those in civilian practice be assured. In the interim, each fracture should be immobilized in the most satisfactory position obtainable under the circumstances.

Compound injuries will be a major responsibility of surgeons dealing with fractures in a disaster area. In these patients, inadequate or too long delayed treatment may prove disastrous. There will be a few cases with only a minute split in the skin that could not have permitted bone protrusion. Some of these may be treated as closed fractures with the aid of antibiotics. If the bone has protruded through the skin, the injury should be given high priority. This is especially true if the fracture has been compounded by violence from without with the added danger of deep contamination and retention of foreign bodies.

After adequate resuscitation, the limb should be shaved, cleansed and draped with all the care that the local situation will permit. A tourniquet is rarely necessary. After initial clean-up of the superficial part of the wound, the first instruments should be discarded. The fracture site should be exposed through an incision in the long axis of the limb, of length to ensure easy access to the depths of the wound. In general, the length of the incision should be twice its greatest depth. Skin edges are very viable and should be preserved. Muscles are split in the direction of their fibres and major vessels and nerves respected. All non-viable tissue should be removed and the depths of the wound explored with a finger tip. Foreign bodies and free bone fragments are removed. Bone fragments with periosteal attachment are preserved. Irrigation with saline will aid in clearing the wound by floating up small free fragments. Hemostasis should be meticulous.

When the above procedures have been completed, the fragments should be placed in the best position possible. In mass casualties, it would be unwise to attempt any form of internal fixation at this stage, and holding the wound open loosely with fine dry gauze or vaseline gauze would be much safer



After W.H Ogilvie.

Fig. 1.—Thoracobrachial splint: (a) the slab in position; (b) the splint completed; (c) (from above) the plaster cock-up added.

than an attempt at primary suture. If the patient is to be transported further within a few days, the Tobruk splint for leg injuries and the thoracobrachial box for arm injuries *(Fig. 1)* as practised in World War II would be very useful. If the patient is to be kept in the hospital in which his initial definitive treatment was given, some more permanent means of immobilization could be used along with skeletal traction if indicated.

If number of casualties and difficulties in transport make it impossible to deal with compound fractures before infection has become established, the principles of removal of devitalized tissue as described above would have to be modified and the procedure would be essentially establishing free drainage and removing obvious contaminants and free fragments.

If, after five or six days, the general and local conditions are satisfactory and the patient has reached a site where adequate supervision can be assured, the reduction can be completed and the skin closed. Skin edges will close as easily at five or six days as at initial operation and the safety of this method is a strong recommendation in its favor.

If the condition of the wound is less satisfactory, or there has been some infection, it would be wisest to allow granulation to proceed from the depths with hopes of skin grafting or secondary closure of the wound at a later date.

A conservative approach to the closing of compound wounds will likely give the best over-all results when a limited personnel may be called upon to treat a large number of casualties under conditions that are far from ideal. It is impossible to establish rules that will be a substitute for surgical judgment. When the patient has reached a level where the facilities of modern surgery can be employed with safety, the restrictions described above need no longer apply.

Sites for Intramuscular Injection

For many years the upper outer quadrant of the gluteal region has been considered the site of election for intramuscular injections of all kinds.

In the vast majority of cases this technique has proved highly satisfactory; however, there are cases on record in which unfortunate complications, both medical and legal, have followed an intragluteal injection. These complications include severe and persistent neuritis or paralysis affecting the great sciatic nerve, secondary hemorrhage from the superior gluteal artery following a complicating abscess, and sloughing of the gluteal muscle[1]. Perhaps faulty technique was responsible in some of these cases but this was certainly not true in all.

The gluteal region is not the only convenient site available for intramuscular injections and several British reports call our attention to another area at least equally satisfactory.

The *vastus lateralis* is a very large muscle; it is protected by the fascia lata and is not traversed by any important vessels or nerves[2]. As much as 500 cc. can be injected into this muscle at one time if the injection is made slowly and deliberately[3]. The technique is very simple. A point on the middle of the outer side of the thigh is selected, and the hollow needle is thrust in at right angles to the surface. It is enough to insert the needle just beneath

(Continued on page 720)

Traitement des Fractures chez les Nombreuses Victimes d'un Désastre

A. D. McLachlin, M.D.

La mauvaise fortune d'une forte proportion des victimes d'un désastre sera attribuable à des lésions d'origine thermique. A part cette cause de malheur et les effets ultérieurs de l'irradiation, les blessures à traiter devraient être à peu près semblables à celles qui se rencontrent sur les champs de bataille.

On reviendra d'autre part sur les blessures infligées aux tissus mous. Cet article est consacré aux fractures, dont le traitement sera étudié sous trois rubriques: (1) le secourisme dans la zone de désastre; (2) les postes de secourisme; (3) les services hospitaliers d'urgence.

Dans la Zone de Desastre

Le secourisme dans la zone de désastre consistera en principe à éclisser les fractures, de façon à éviter que les blessures ne s'aggravent durant le transport des victimes. L'éclisse Thomas constitue un moyen idéal d'immobiliser un bras ou une jambe. Des bandes adhésives de traction ou tout appareil qui exerce une traction sur la chaussure sans danger d'étranglement ni de nécrose de la peau pourront aider à immobiliser une jambe. Il est peu probable qu'on disposera d'un nombre suffisant d'éclisses Thomas lors d'un désastre quelconque. De longues éclisses de bois sont plus faciles à entreposer et à transporter et elles pourront se révéler d'autant plus pratiques. L'utilité d'éclisser la jambe indemne dans le cas d'une blessure à une extrémité inférieure, et le tronc dans le cas des blessures aux extrémités supérieures, ne doit pas être négligée. On se rappellera aussi qu'il faut coussiner suffisamment, surtout aux points de pression, et éviter tout étranglement.

Les hémorragies dues aux fractures ouvertes exigeront rarement l'application d'un tourniquet, ou presque jamais. Un ample pansement placé sur la plaie et solidement assujetti au moyen de bandages arrêtera presque toujours l'hémorragie sans entraîner la perte d'un membre, à laquelle aboutit assez souvent l'emploi du tourniquet.

Les victimes atteintes de lésions à la colonne vertébrale doivent être soulevées et transportées sans flexion ni rotation de l'épine dorsale.

Pour transporter les victimes, il sera indispensable d'employer des brancards ou quelque autre dispositif du même genre. On tirera avantage le mieux qu'on pourra de véhicules de tous genres. On laissera le blessé sur le même brancard pour toute la durée des phases initiales de son traitement. Il a été démontré très nettement que faire changer sans nécessité de position aux blessés peut leur être nuisible tant en temps de paix qu'en temps de guerre.

Les Postes de Secourisme

Les postes de secourisme assureront des premiers soins plus efficaces en fournissant le matériel et le personnel voulus. On pourra y ajuster l'éclissage ou le remplacer par une forme d'éclissage plus appropriée. Lorsqu'une brûlure constitue la principale lésion, elle peut ne laisser à la fracture qu'une importance relativement faible dans l'ensemble du traitement. S'il semble sage de concentrer ses efforts sur le traitement de la brûlure, on alignera les fragments de façon qu'une fracture fermée ne se transforme pas en une fracture ouverte et on immobilisera le membre dans la meilleure position qu'on pourra obtenir dans les circonstances. Si l'on

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utilise du plâtre de moulage à cet endroit ou à tout autre endroit où il est impossible d'exercer une surveillance constante, le plâtre devra être fendu dans toute sa longueur jusqu'à la peau. On ne saurait attacher trop d'importance aux risques d'obstruction à la circulation du sang et d'accroissement de la tuméfaction à l'intérieur d'un plâtre cylindrique. Il sera facile de fendre le plâtre si l'on a pris la précaution de placer sur la peau un morceau de boyau épais de caoutchouc enduit de vaseline tout le long du dos du membre avant d'appliquer les bourrures et le plâtre. En retirant le boyau, on laisse une rainure dans laquelle on peut insérer le couteau à plâtre. En raison de la répartition des responsabilités que le traitement et le transport de nombreuses victimes exigeront, ce principe de fendre tous les plâtres cylindriques d'un bout à l'autre et jusqu'à la peau devra être de règle. Pour les mêmes motifs, le plâtre sans bourrures semble ne pas avoir sa raison d'être.

On ne s'attend pas que les victimes puissent recevoir un traitement définitif aux postes de secourisme, mais plutôt qu'elles seront dépêchées aux hôpitaux improvisés en moins de 24 heures.

Les Services Hospitaliers d'Urgence

Les services hospitaliers d'urgence seront fournis par les hôpitaux existants à la portée des moyens de transport et par les hôpitaux improvisés. Ces derniers seront établis dans des immeubles convenant à cette fin, par exemple dans des écoles, et auront comme personnel des équipes de secours transportées dans la périphérie de la zone de désastre. Les dispositions à prendre peuvent ressembler à celles d'un poste d'évacuation des blessés ou d'unités combinées de chirurgie et de transfusion sur place, constituant ainsi un centre avancé de chirurgie dans les conditions du champ de bataille. Les blessés recevront leur traitement définitif à l'hôpital des cas urgents et y seront retenus jusqu'à une semaine avant d'être évacués sur un hôpital plus éloigné où seront effectuées les dernières étapes du traitement.

La détermination du rang de priorité à recevoir un traitement assumera une extrême importance. Le soin de grands nombres de blessés pourra empêcher un personnel peu nombreux d'appliquer des méthodes de traitement couramment employées dans la pratique du temps de paix. Les fractures fermées que l'on traiterait ordinairement par réduction ouverte auraient avantage a être mises dans le plâtre dans la meilleure position possible. Toute intervention comportant l'ouverture de la blessure devrait être retardée jusqu'à ce que le blessé atteigne un centre où la somme de travail à effectuer et les conditions hospitalières permettront de prendre les précautions voulues en effectuant la conversion d'une fracture fermée en une fracture ouverte exposée à l'infection. Le retard d'une semaine apporté à la réduction ouverte d'une fracture qui l'exige ne modifiera pas sensiblement le résultat final, mais il permettra de concentrer les efforts sur les fractures ouvertes qui mettent en danger la vie ou un membre. Il devrait être sage d'adopter comme règle de conduite de ne tenter de réduction ouverte d'une fracture fermée, au cours du traitement de grands nombres de victimes, que lorsque les conditions équivaudront à celles de la pratique normale de la vie civile. Dans l'intervalle toute fracture devrait être immobilisée dans la position la plus satisfaisante qu'on puisse obtenir dans les circonstances.

Les lésions compliquées fourniront l'une de leurs principales tâches aux chirurgiens chargés de réduire les fractures dans la zone de désastre. Dans ce cas, un traitement insuffisant ou trop longtemps retardé peut s'avérer désastreux. Il se rencontrera quelques cas où la peau ne sera que légèrement fendue, ne permettant pas à l'os de faire saillie. Certains de ces cas pourront être traités comme des fractures fermées avec l'aide d'antibiotiques. Si l'os a traversé la peau, la blessure commandera un rang élevé de priorité. Ce sera particulièrement le cas si la fracture a été compliquée par des contre-coups de l'extérieur avec le risque supplémentaire d'une contamination en profondeur et de la rétention de corps étrangers.

Après avoir réussi à ranimer le blessé, on rasera le membre, on le nettoiera et on l'enveloppera avec tout le soin que permettra la situation locale. Il faudra rarement recourir au tourniquet. Après le nettoyage initial de la partie superficielle de la plaie, on mettra de côté les premiers instruments. On exposera l'emplacement de la fracture en pratiquant une incision dans le sens de la longueur du membre, et d'une longueur suffisante pour permettre d'atteindre les parties profondes de la plaie. Règle générale, la longueur de l'incision sera le double de sa plus grande profondeur. Les bords de la peau sont tout à fait viables et doivent être conservés. On incise les muscles dans le sens des fibres, en évitant de couper des vaisseaux et des nerfs importants. Tout tissu nécrosé doit être enlevé, puis on explore du bout du doigt les parties profondes de la plaie. On en retire les corps étrangers et les fragments d'os détachés. On conserve les fragments osseux encore reliés au périoste. L'irrigation avec de l'eau physiologique aidera à nettoyer la plaie en chassant les petits fragments détachés. Il faut exécuter l'hémostase avec un soin méticuleux.

Une fois ces opérations terminées, on replacera les fragments dans la meilleure position possible. En face d'un grand nombre de victimes, il ne serait pas sage de tenter quelque forme que ce soit de fixation interne à ce moment, et il serait beaucoup plus sûr de conserver la plaie lâchement ouverte au moyen de fine gaze sèche ou de gaze enduite de vaseline, que de tenter de faire une suture primaire. S'il faut transporter de nouveau le blessé quelques jours plus tard, l'éclisse de Tobruk serait fort utile pour les lésions aux jambes et la boîte thoracobrachiale, pour les lésions aux bras (p. 697) comme on les a employées au cours de la deuxième guerre mondiale. Si le patient doit être retenu à l'hôpital où il a reçu son premier traitement définitif, on pourra employer d'autres moyens plus durables d'immobilisation, de même que la traction du squelette, au besoin.

Si le nombre des victimes et les difficultés de transport rendent impossible de traiter les fractures ouvertes avant que l'infection ne s'y établisse, les principes énoncés ci-haut de l'enlèvement des tissus dévitalisés devront être modifiés, alors que la technique devra consister en principe à assurer un drainage facile et à enlever les corps étrangers et les fragments osseux qu'on pourra déceler.

Si, après cinq ou six jours, les conditions générales et locales sont satisfaisantes et que le blessé a atteint un endroit où il soit sûr de recevoir une surveillance convenable, on pourra parachever la réduction et suturer la peau. Les bords de l'incision se réuniront aussi facilement après cinq ou six jours que lors de la première opération et cette méthode se recommande fortement par sa sécurité.

Si l'état de la plaie est moins satisfaisant ou qu'il y soit apparu quelque infection, le plus sage sera de laisser la granulation se produire à partir des couches profondes, en gardant l'espoir de pouvoir plus tard pratiquer une greffe cutanée et une fermeture secondaire de la plaie.

La façon traditionnelle de fermer les plaies ouvertes aura le plus de chance de donner dans l'ensemble les meilleurs résultats, lorsqu'un personnel peu nombreux peut être appelé à soigner un grand nombre de victimes dans des conditions bien éloignées de l'idéal. Il est impossible de fixer des règles qui tiendront lieu du jugement du chirurgien. Lorsque le patient aura atteint un endroit où les facilités de la chirurgie moderne peuvent être mises à profit en toute sécurité, les restrictions énoncées ci-haut n'auront plus besoin de s'appliquer.

Take interest, I implore you, in those sacred dwellings which one designates by the expressive term: Laboratories. Demand that they be multiplied, that they be adorned. These are the temples of the future — temples of well-being and of happiness. There it is that humanity grows greater, stronger, better! —Louis Pasteur

Queer Medical Fees

W. SCHWEISHEIMER, M.D.

DOCTORS' FEES have always aroused the public interest. While many have given their professional services to the sick almost or entirely free, other doctors have become rich through their art in a few years. There were times when the fee for a confinement was delivered in form of hay at the physician's barn—and countries where jewels and gold were poured into the doctor's hand after a successful cure. The problem is particularly interesting today when the question, whether private fees or payment by the community is most suited in modern society, is becoming more and more crucial.

THE BIGGEST FEE

The biggest medical fee ever earned was probably that paid to Dr. Thomas Dimsdale, a contemporary of Edward Jenner who, in 1792, made the first scientific smallpox vaccination. He learned the practice of vaccination from Jenner. Catherine II, Empress of Russia, sent for this British doctor asking him to bring along the vaccine. Catherine did everything in her power to preserve her beauty and smallpox at that time was considered a most sinister threat to beauty.

Dr. Dimsdale, though he had heard little about Russia except that travellers were chased by wolves in that barbaric country, made the long and hazardous trip. Everything went satisfactorily — no complication brought discredit to his operation which was still unusual at that time. Catherine showed her gratitude with real money! Dr. Dimsdale received a fee of £10,000 —a tremendous sum at the end of the 18th century — plus £2,000 for travel expenses. Moreover, he was to receive £500 a year for the rest of his life from the Russian Imperial Court. A diamond-mounted miniature was included to lend dignity to the gift. Catherine then bestowed what doubtless seemed to her an even more significant token of her gratitude — she gave Thomas Dimsdale the right to add to his armorial bearing a wing of the Russian Eagle. This his descendants bear to this day.

ANCIENT MEDICAL FEES

More than 4,000 years ago the Code of the Babylonian king, Hamurapi, laid down a detailed schedule for physicians. Doctors were appointed as royal officials with a fixed salary. They treated sick people without charge. Operations, however, had to be paid for by the patients. According to Hamurapi's Code the doctor was entitled to a fee of ten silver shekels for a successful operation from a rich man, five shekels from a middle-class patient, and two shekels from a poor man. The silver shekel was the equivalent of about 60 cents. It is recorded that a doctor who had opened a cataract of the eye with a bronze knife, and had healed the eye, was entitled to a fee of ten shekels. This was a large sum of money. The annual rental for a good house was five shekels. A skilled worker earned only one-thirthieth of a silver shekel a day.

The practice of medicine was not free from risk, however. The success of the treatment was the decisive factor. A paragraph in the Babylonian Code ruled that the surgeon who caused the death of his patient by an operation or, unhappily, destroyed the eye while removing the cataract, was to be punished by having the operating hand cut off.

In ancient Egypt and India high medical fees were no rarity. The Indian Holy Book *Vendidad* ruled:

> The doctor may heal a priest in return for a benediction; the governor of a county in return for four oxen; the governor's wife for a female camel; the mayor of a large city in return for a bull; and the mayor's wife in return for an ass.

Dr. Schweisheimer resides in Rye, New York.

OLD FRENCH FEES

Some of the fees paid by the French kings to their physicians-in-ordinary were extremely high. Louis XIV paid 50,000 crowns (a crown being worth the equivalent of $1.21) for a successful fistula ani operation. Records show the state treasury paid out about $200,000 to the five surgeons and their assistants who had attended the king during his reign.

The French surgeon, Jean-Louis Petit, who cured King Augustus II of Poland of a foot ailment, received 10,000 thalers ($7,200) when he left Warsaw, besides 500 thalers for travel expenses, a precious ring, many other gifts and an annual pension of 1,000 thalers for life. But Petit who formerly had been a barber — and as surgeon became famous through his invention of the screw tourniquet — was not satisfied. He claimed an extra fee of 4,000 thalers and they were paid to him.

Jésu Casimir Felix Gyon, famous Paris urologist, was renowned for his operations removing kidney and bladder stones. He received highest fees for his stone operations and built himself a country house in Meudon on which he wrote: "This house was built from three stones."

There are always physicians who do not like the idea of making financial agreements with their patients. It is a matter of conjecture whether this is advantageous to them or not. Pierre Bretonneau, born in 1778, was a famous doctor in Tours with many peculiar ideas. He belonged to the large group of physicians who have this reticence in matters of money and fees. They are contemptuous of money since they are aware that nobody can live without it. However, they do feel uneasy about the connection of their professional services with payments so they prefer not to send any bills at all. Asked to name his fee, Bretonneau would answer: "Give whatever you want to. With me it's the same way as in church. The rich man will sacrifice whatever he wants and the poor whatever he can afford."

Even a Rothschild was not able to secure a bill from Bretonneau for services rendered to his family. Eventually the Paris banker opened an account for Bretonneau and recorded there all the services and his payments for them. Thus a small capital with added interest accumulated.

ROMAN CUSTOM

The unusual behavior of two Roman physicians, Cosmas and Damian, was a great sensation. The collection of any fee was rigorously excluded from their code. They gave all their professional services free and thus were called Anargyroi, the Silverless Doctors. By order of the Roman Emperor, Diocletian, they were sent to a Christian martyr's death.

In ancient Rome it was not unusual for very high medical fees to be charged. Several physicians-in-ordinance to Roman emperors left large fortunes behind them when they died. Archiaters, public physicians of the imperial palace, were sometimes promoted to provincial governorships. Xenophon, who is supposed to have cooperated in poisoning the Emperor Claudius by a meal of poisonous mushrooms or possibly by a poisoned enema, bequeathed the equivalent of more than $1,760,000 to his heirs.

In the Middle Ages Frederick II emperor of the Holy Roman Empire, decreed a medical fee schedule for Italy. Those 13th century doctors were bound to treat poor patients free of charge. They were permitted, however, to charge a fee up to 60 centimes a day for patients with means. The purchasing power of money was ten and twenty times what it is today.

A Duty

To exert every possible effort to eliminate undemocratic practices and undemocratic attitudes, to do all that we can do to close the gap between our professions of democracy and our practice of it . . . is the only way that we can achieve our maximum national strength and unity and fully discharge our international responsibilities. In these critical times this we must do. We cannot afford to do less.

— RALPH J. BUNCHE

Public Health Nursing

Rural School Lunch Program

FLORENCE SWAN

IN NEW BRUNSWICK'S rural schools the organized noon lunch program is becoming more and more accepted as a normal part of the school child's day. Where children must travel long distances, one may find anywhere from 10 to over 100 remaining for their noon meal. Their day is a long one, but when they can look forward to an appetizing noontime supplement to their carried lunches, teachers report a significant improvement in attitudes and responses. Afternoon fatigue and restlessness are noticeably lessened. Other benefits include the development of better food habits (many children learn to like new foods and carry these habits into their homes); practical training in food sanitation; a stronger incentive to wash hands before eating; better cooperation through teamwork; and, perhaps most valuable of all, the physical and mental relaxation made possible through the social experience of sitting down together to enjoy an orderly, home-like meal. The outdoor play that follows serves to round out a daily living experience in good health practices.

We would all agree that there is little value in having children memorize health rules if there is no practical application of these in their daily lives. Such reminders as "wash your hands before you eat," "drink plenty of milk," "keep food clean," "play in the open air," are meaningless unless applied to the extent of becoming everyday habits. A child who could probably pass a written examination on "health" might be coming to school every day with a paper bag filled with white bread, jam, and cake for his "dinner." On the other hand, a well organized school lunch project teaches through actual experience. The child does not merely recite, "I must wash my hands before I eat" — he *does* wash his hands. He does not glibly memorize Canada's Food Rules — he *does* drink (or "eat") his milk, learn to enjoy green and yellow vegetables just as much as he does the ever-popular potato, and learn to substitute meat, cheese or eggs for the jam in his sandwiches.

It is not intended to imply that every school lunch program is perfect. Some days "on the road" can be very discouraging! But in the over-all picture one cannot help but observe real progress. A small example might be related of a change-over from poor food habits to good ones. Similar situations are being repeatedly experienced as the program of health education goes on. The teacher greets you (beaming) with:

> There hasn't been one bottle of pop here for weeks; they're *all* drinking milk now! That experiment you showed them certainly did the trick. Why, when one little boy dared to bring a soft drink with his lunch, one day, and inadvertently spilled it, all the other children shouted gleefully — "Teacher, it served him right!" Our district nurse has been giving the same demonstration in some of the other schools and I heard at last night's teachers' meeting that it is having the same good results. Children who never brought milk before are drinking it every day now.

Again, in communities where it would never have occurred to the children to bring some of their plenteous supply of raw vegetables in their lunches, one now finds pieces of crisp raw carrot, turnip, or celery, or a wedge of cabbage tucked into the

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Miss Swan is senior nutritionist with the Maternal and Child Health Division of the New Brunswick Department of Health and Social Services. Her headquarters are in Fredericton.

lunch pails. These foods, together with apples and other fresh fruits, are stressed for their value in good dental care as well as good nutrition. Moreover, the children are constantly reminded to rinse out their mouths after eating. The practical application of good nutrition and dental health habits has been further intensified this year. The Provincial Junior Red Cross has introduced a plan whereby fish liver oil capsules and toothbrushes are provided at a very low cost for pupils up to the sixth grade. (It is expected that this offer will be extended to older pupils sometime in the future.) The Department of Health's Nutrition Services and Dental Health Division are providing the illustrative and promotional materials (leaflets, posters, films and filmstrips) to all participating schools.

It will have been perceived, from the foregoing discussion, that the school lunch is not considered a demonstration in nutrition alone. Other essential health values have a natural tie-up with the important contribution of good food for these growing children. In a practical way there are included experiences in good mental health and emotional well-being, in dental care, in healthful recreation, in sanitation, and even in the control of communicable diseases.

Not every rural school has facilities for the preparation of even one supplementary dish at noon, not even for heating jars of food brought from home. In such cases, the emphasis is placed on good packed lunches. This promotion, to be truly effective, must carry beyond the schoolroom and into the home. This is often accomplished on home visits or at community meetings.

This phase of our discussion should not be closed without paying a tribute to the teachers who carry on these programs at a sacrifice of their own lunchtime leisure; to the parents; and to those community organizations that offer moral support as well as practical financial aid. Basic cooking utensils are supplied by the Department of Education but food, eating utensils, and other necessities must be provided by some other means. Great ingenuity is shown by teachers and pupils in raising funds and planning programs. When the community assists in these efforts one can be assured of a successful project.

How it Started

The New Brunswick Department of Health launched its provincial program of school lunch promotion in 1946. During that year, less than 200 schools (about 12 per cent) were participating. By 1949 this number had increased to 336. Today, in almost 600 or well over one-third of our rural schools, more than 16,000 children are benefitting.

The program is being gradually extended to the various sections of the province. Each of the three provincial nutritionists spends two years doing concentrated field work in a particular county. Emphasis is placed on assistance to schools in the rural areas, for lunch programs in urban schools are operated by home economics departments. Home economics teachers also conduct successful lunch programs in the new rural regional high schools. Our assistance is, therefore, directed chiefly to the smaller rural schools, and to the rural consolidated high schools which do not have home economics departments.

School lunch activities occupy a major place in the many-sided program of Nutrition Services, Maternal and Child Health Division. Originally a separate division, in 1949 Nutrition Services was incorporated into this new division within the provincial Department of Health. This set-up permits a much broader approach than was formerly possible. Other nutrition activities of the division include: consultation with mothers at the nurses' child health conferences; the evaluation, selection, and distribution of health education materials (literature, films, exhibits, etc.); preparation of newsletters, pamphlets, and bulletins for the use of public health nurses, teachers, school children, prenatals, parents, and adult community groups; and assistance to hospitals and shelters without dietitians.

Returning to our school lunch activities, the nutritionists are guided in their policies by a provincial School Lunch Committee which meets annually. Members represent the Departments of Health, Education, and Agriculture.

The Public Health Nursing Service, whose director is Miss Muriel E. Hunter, assists tremendously in promotion and follow-up work. Without the help of the district nurses, much of the groundwork laid in a selected area during the two-year period of concentrated field work would be lost. This is particularly true in following the progress of individual lunch programs, since it would be physically impossible for the three nutritionists to keep an eye on the schools in 15 counties.

The nurses carry with them, on each school visit, a special "check form" that provides a valuable record of the lunchtime situation at that school. The form also provides a useful tool for the nurse in introducing the discussion of school lunch problems with the teacher. Through this discussion, many other problems relating to school health and sanitation may be discovered. The check forms are later filed in the offices of the district nurses and copies of each form are sent to the nutritionists for their records. Follow-up sheets are provided for revisits to the schools; thus it is possible to maintain a permanent record of each school visited. The assistance of the nurses cannot be too highly rated, for without their cooperation the school lunch program could not continue to show the gratifying progress that has been evident over the years.

Other Avenues of Cooperation

This year a "Nurses' School Health Manual" has been prepared by Miss Katherine MacLaggan, assistant to the Director of Public Health Nursing, who is in charge of health instruction at the provincial Teachers' College. All phases of the school health service are thoroughly discussed in the manual, including the role of the nutritionist and the importance of the school lunch in relation to other aspects of health.

The close working relationship between the nurses and the nutritionists extends far beyond the realm of school lunch activities. For example, there is a strong tie-up in their joint promotion of the most effective use of health education materials. This applies to the instruction of mothers at child health conferences and to the guidance of many other adult groups, as well as to the assistance offered to students and teachers. As an example of the latter every August, in each county, a week-long regional conference of in-service teachers is held. At this time the nurses and nutritionists work together in outlining school health services and demonstrating health teaching aids. Nutrition is never dealt with as a separate entity but rather as one essential part of the total school health program.

The same can be said of the health program for teachers-in-training. The utmost cooperation exists between the nutrition staff and the instructor in health education at Teachers' College. Many common problems arise that are ironed out through consultation and concerted action. Sharing closely in this coordination is the home economics teacher, who directs a daily lunch program for elementary pupils of the "Model School." The same student teachers who are being trained in conducting school lunch programs are having these experiences constantly integrated with other aspects of the school health program.

It may be readily observed from this discussion that the Public Health Nursing Service and Nutrition Services, Maternal and Child Health Division, enjoy a close working relationship in their many avenues of endeavor. It would be difficult to overestimate the value of this coordination. The only handicap, common to both services, is the shortage of personnel. In this we take some small comfort from the fact that New Brunswick is probably not the only province facing similar hardships.

Food for the Mountain appetite! At Banff Springs Hotel Biennial—June '54

The Nursing Team in Action

Sister Clare Marie, M.Sc.

In an effort to give the most satisfactory individual patient care, nursing service personnel has become "team" conscious. As it is well recognized that no one person can do everything, and as there are varying degrees of service to be rendered to patients, ranging from complicated treatments to the simple adjustment of a pillow, it has been a logical conclusion to divide these services among members of a team.

In surveying the organizational setup almost anywhere in existence — whether it be the government of a country, a business concern, or an educational institution — one sees the same pattern in operation. There is a head. From the head stems delegated authority down to the smallest unit functioning in that system. In the case of our country, the head is the Queen and power goes down to the Governor General, to the lieutenant governor of the provinces, to the mayors of the cities, to the citizens. In business concerns the lines of authority flow from the manager to the assistant manager, to the department heads, to the individual employee. In an educational institution, the president represents the senior authority; the vice-president comes next in line and from him authority flows out to the various professors to whom the students are directly responsible.

In developing teams to function in the nursing care of patients, a similar delegation of authority has to be organized in order that efficiency will result. The team is composed of a head nurse, assistant head nurse, graduate nurse or nurses, student nurse or nurses, nursing assistants (trained and untrained) and male attendant. Delegation of authority flows from the head nurse to her assistant, to the graduate nurse who is the team captain. The supervision of the other three groups becomes the special charge of the latter.

For clarification purposes we shall consider teamwork in action on a surgical unit composed of 30 beds — eight private rooms; seven semi-private, and two four-bed wards. A head nurse in charge over this unit has three teams functioning under her for the 7:00-3:00 hours of duty; two for 3:00-11:00 and one for 11:00-7:00. A team composed of a graduate nurse, junior student nurse, and a trained nursing assistant has charge of the eight private room patients; a senior student, junior student, and two nursing assistants (untrained) have charge of the seven semi-private room patients; a graduate nurse and a trained nursing assistant care for the two four-bed ward patients, from 7:00 a.m. to 3:00 p.m.

During the next shift, one team composed of a graduate nurse, student nurse, and two nursing assistants look after the private room and ward patients, while a team composed of a senior student and a nursing assistant have the semi-private patients. From 11:00 p.m. to 7:00 a.m., the team, composed of a graduate nurse, senior student, and a nursing assistant, has charge of the whole 30-bed unit. The male attendants, available to the whole unit, work split shifts from 7:00 a.m. to 7:00 p.m. and from 7:00 p.m. to 7:00 a.m. with hours off arranged in the best interests of the unit. (The head nurse and her assistant are responsible for the total nursing care over the 24-hour period. This is accomplished by delegating the responsibility to graduate nurses from 7:00

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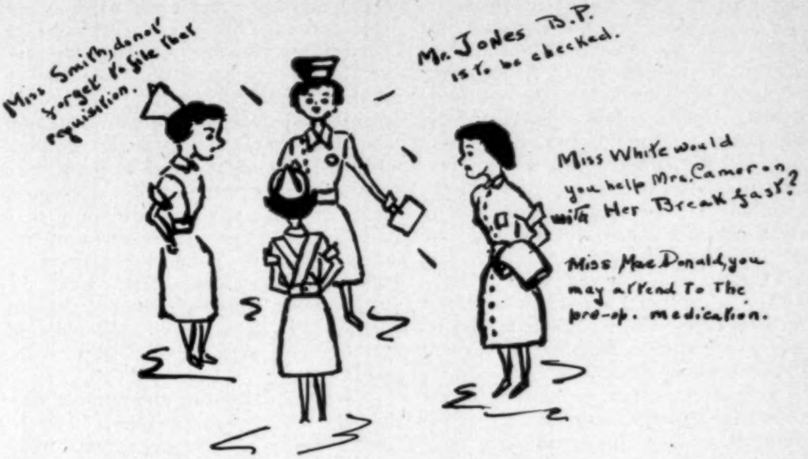

Miss Smith, do not forget to file that requisition.
Mr. Jones B.P. is to be checked.
Miss White would you help Mrs. Cameron with Her Breakfast?
Miss MacDonald, you may attend to the pre-op. medication.

p.m. to 7:00 a.m. These graduate nurses may receive direction and guidance from an over-all night supervisor, if a situation calls for it.)

At 7:00 a.m. the head nurse and her assistant, together with the three nursing teams, receive reports of the patients' conditions from the captain of the night team — this report covering the hours from 7:00 p.m. to 7:00 a.m. The head nurse then stresses the various important points with regard to treatments, medication, pre-operative and post-operative orders, and so forth, to each of her three captains. The captains then take their own teams aside and outline the day's work for them, assigning duties in keeping within the capacity of the worker — professional duties to herself and the student, non-professional to the nursing assistant. In this manner the day's work proceeds as methodically as is possible on a surgical division (subject to emergencies at any time) with a minimum loss of time and with the most practical division of duties.

Immediately after report, the head nurse visits her very ill patients so as to have first-hand information available for the doctors; requisitions are checked; new treatments are noted; medications and doctors' orders and all such information are relayed to the persons responsible for carrying them out. In the meantime, the assistant head nurse supervises the serving of breakfast trays.

Around 9:00 a.m. the head nurse and her assistant visit all the patients on the division, the team captain accompanying them on the rounds of patients in her charge. The head nurse, at this time, ascertains that expert nursing care is given and assists with direction and advice in this regard, when needed. When doctors make rounds they are accompanied by the head nurse or her assistant and the team captain.

Trays at the dinner hour are served by the head nurse or her assistant (depending on afternoon hours off). At 1:00 p.m. a conference is held (about three times weekly) with reference to improving nursing care. Some specific patient is chosen each time. Such conferences are attended by some members of each team — the nurse whose patient is being discussed is always present — the others remaining on the division to give nursing care. The conferences are attended by the head nurse or her assistant but not necessarily in the capacity of chairman. A team captain could be appointed as such.

At 2:00 p.m. orders are again checked and relayed and other administrative duties are carried out, such as the checking of supply lists, seeing about repairs, and so forth. If the head nurse is off duty, these responsibilities are taken over by the assistant. At 3:00 p.m. the team captains give a report, in the presence of the head nurse or her assistant, to the oncoming teams. Again, orders regarding very ill patients, special treatments and nursing measures, medications, etc., are stressed to the team captains by the head nurse. The captains confer with their group to plan the evening care of patients. The head nurse or her assistant is available each evening until 7:00 p.m. to direct and assist in expert nursing care. When possible a nursing care conference is held for the benefit of the evening teams.

At 9:00 p.m. team captains make the rounds of patients, assuring themselves that all orders and treatments have been carried out and that patients are being settled for the night. From 10:00-11:00 p.m. charting is finished and the report prepared for the night staff.

After 11:00 p.m. the same methodical planning of the night work is put into action. This team captain has a far greater responsibility than any one of the day captains and has only a skeleton staff. However, with treatments and orders at a minimum and the majority of patients sleeping through the night, good nursing care can still be maintained. On a surgical unit, the captain's greatest concern is for those patients who are new operatives and those going for surgery in the morning. After 6:00 a.m. she makes a last round of patients, assures herself that all work is completed, and prepares to meet the day staff at report.

Thus, by delegating the nursing care of patients to team captains who in turn divide up duties among team members, the care administered is made more efficient and thorough. Any head nurse operating this plan with adequate staff should be assured of expert nursing care on her division. This is teamwork in action!

In the Good Old Days

(*The Canadian Nurse*—September 1913)

"The forgotten word "hospitalism," implying as it did, suppuration, gangrene, putrefaction and contamination, the bane of every surgeon and the dread of every patient, is used only as a reminder of the gruesome past."

* * *

"Are all these conveniences today in the best interests of the health of the community, or do they not rather tend to rush and hurry and force us to lead the strenuous life even against our better judgment; and are they not in a large measure responsible for that large and ever-increasing class of complaints which may be generally summarized as nerves? All the conveniences of today allow us to accomplish so much more and live at such high pressure that we might stop and ask ourselves if all these conveniences are not rather a curse than a blessing to humanity."

* * *

"Be practical certainly, but surely the experienced nurse finds diplomacy a powerful adjunct."

* * *

"Someone said, it is not the high cost of living, but the high living that costs."

* * *

"When we consider this Canadian National Association of Trained Nurses . . . we are impressed with the great responsibility resting on us . . . It is affiliated with the International Council of Nurses and so helps complete the ring which encircles the globe. There is much in a broad outlook."

* * *

"In looking over the whole field of hospital and nursing work and nurse-training we cannot honestly say that we are satisfied. Indeed we all feel that there is something radically wrong with the whole matter, and if we look deeper . . . we shall find that what is wrong is lack of vision — lack of high ideals — without which we can be of no avail in any enterprise."

Prejudice is a great time-saver; it enables one to form opinions without bothering to learn the facts.

Focus on . . .

Epidemic on Wheels

Last year 2,500 automobile passengers were killed and approximately 54,000 injured in this country. Dr. Harold Elliot, in *The Canadian Doctor,* April, 1953, poses a pertinent question by asking, "To how many medical men has it occurred to compare this dread accident toll to the epidemics of the past — to reason, that as these plagues were controlled by investigation and discovery of their causes and the application of remedial measures — can the same be done for this modern menace to life?"

Doctors constitute the best equipped group in Canada to attack the really critical problem of death and injury from highway accidents. Dr. Elliot considers their contribution under four headings: general education, the driver, the automobile, and the roadway.

General education along the lines of the polio and cancer campaigns might be expected to meet with spectacular success in that the public can take an active part in accident prevention, though they are comparatively powerless in seeking the causes of disease. Preventive medicine might play its part by having safety education made part of the equipment of every medical student just as he is equipped to combat the causes of communicable disease and maternal death. As to the driver, doctors cooperating with educational authorities can do much to discover and treat the accident prone and the accident repeater. They are the only people able to set physical standards for drivers. It has been found that 10 per cent of drivers and pedestrians involved in accidents had demonstrable physical defects.

Doctors could support efforts to have safety factors built into automobiles. They could help set up standards and encourage automobile manufacturers to meet them. Finally, doctors can add strength to movements to improve road conditions. Dr. Elliot suggests that the doctor may advocate that any road hazard causing more than one death per season be condemned (in the same way he would an unsafe dairy) until that particular area is made safe.

The Dermatologic Dangers of Sunlight

Sunlight in moderate amounts offers well known benefits but in excess becomes a dangerous agent, injurious to the skin, eyes, and internal structures. The range of safe dosage varies, being dependent on factors intrinsic in the skin and constitution of the person exposed.

Lighter colored skins react more violently to ultraviolet radiation and are more inclined to suffer chronic damage and serious sequelae. The brunette skin, however, is not immune to damage if the exposure is sufficiently potent, repeated and prolonged.

Sunburn at a beach will be more serious than after the same exposure inland because of the added absorption of rays reflected from sand and water.

Less familiar than the symptoms of acute sunburn are sequelae such as: herpes simplex, usually about the mouth; folliculitis; chloasma or pigmentation; leukoderma; showers of pigmented nevi; and a persistent increased susceptibility to sunlight.

The wearing of adequate clothing is the most successful preventive measure. White fabrics protect less than brown, orange or red, and all fabrics protect less when wet. Face powders, creams, and ointments are of some value. Proprietary baby oils are worthless as sunburn preventives.

Prematurely senile changes of the skin develop in persons exposed to sunlight over a long period of time. The exposed parts become leathery, wrinkled, inelastic and spotted with precancerous keratoses. Degenerative changes of the connective tissue of the exposed skin lead to yellow discoloration, pebbling, and deep wrinkling of the face.

Cancers of the skin predominate among outdoor workers of the white race, though practically absent in negroes and Indians. Blondes are more subject to skin cancer than brunettes. Redheads are the most susceptible of all. The more brown-eyed inheritance a person has, the better protected he is from the carcinogenic rays of the sun.

Morris Waisman, M.D.—Condensed from *Digest of Treatment,* Mar. 1953.

Cancer in Children

CANCER IN CHILDREN is *not always fatal* stated Benedict J. Duffy, Jr., in *The American Journal of Nursing* of April, 1953, though early diagnosis is made difficult by the insidious nature of the symptoms. Bone cancer is the most common type, occurring usually in the long bones without pain, with occasional swelling or impairment of function. Acute leukemia, one of the principal causes of death, is sometimes heralded by a severe nosebleed in the rundown child. Because the malignant soft tissue tumors are difficult to differentiate from the benign, Dr. Duffy recommends the removal of any painless swelling of the soft tissues. Glioma of the retina, the usual type of cancer of the eye in children, is characterized by a peculiar pupillary color change associated with a dilated pupil. The impaired vision may cause difficulty in walking.

No more is known about the cause of cancer in children than of the disease in adults but the basic principles of its control, according to Dr. Duffy, are: routine physical examination; careful observation; prompt removal of any suspicious lesions.

While some types of children's cancer are curable, most cases of acute leukemia and the more malignant sarcomas terminate fatally. The child's parents need as much individual consideration psychologically as the child does medically. They must be told the complete truth. Reassurance about their other children is completely justified on the basis of present knowledge.

In Memoriam

Elizabeth Anne (Lawly) Barons, who graduated from St. Paul's Hospital, Vancouver, in 1933, died recently.

* * *

Charlotte Champagne, who served with the C.A.M.C. during World War I and was decorated by Britain and France, died on June 6, 1953, at the age of 75. Miss Champagne was associated with Notre Dame Hospital, Montreal, for the greater part of her professional career.

* * *

Una Beatrice Eisan, a graduate of the Nova Scotia Hospital, Dartmouth, died in the United States on June 16, 1953, at the age of 45.

* * *

Bertha Gelin, a former Winnipeg nurse, died in Vancouver on April 30, 1953, at the age of 71.

* * *

Beatrice (West) Harvey, a native of Brockville, Ont., who graduated in 1929 from the Rochester (N.Y.) General Hospital, died in Buffalo, N.Y., on May 3, 1953, following a brief illness. Mrs. Harvey had been assistant professor of nursing in the University of Buffalo School of Nursing since 1951.

* * *

Josephine Frances King, who served in France with the C.A.M.C. during World War I, died in Hamilton, Ont., on May 15, 1953. Miss King was on the staff of the Toronto Department of Public Health for 25 years. She retired some ten years ago.

* * *

Eleanor Manion, who graduated from St. Boniface (Man.) Hospital in 1913, died in Winnipeg on May 11, 1953, at the age of 61. Miss Manion's professional life had been spent in private nursing.

* * *

Anne McRae, who graduated from St. Paul's Hospital, Vancouver, in 1917, died recently. Miss McRae had engaged in staff nursing at St. Paul's for many years.

* * *

Jessie N. (Willans) Mitchell, who graduated from Staten Island Hospital, New York, in 1906, died in Arnprior, Ont., on April 22, 1953, in her 71st year. Mrs. Mitchell was supervisor of the Brantford branch of the Victorian Order of Nurses for 17 years, prior to her retirement in 1943.

* * *

Ivy Pement, who graduated from St. Paul's Hospital, Vancouver, in 1945, died recently in the Tranquille Sanatorium.

* * *

Louise Mae Shepherd, who graduated from The Montreal General Hospital in 1928, died on June 8, 1953. Miss Shepherd served overseas with No. 14 Canadian General Hospital during World War II.

Trends in Nursing

Biennial at Banff in '54

National Office is now geared to receive hundreds of pre-registrations for our meeting next year in Banff. Pre-registration forms have been sent out to all provincial associations for distribution to their membership in the manner they feel is most efficient. In the October issue of *The Canadian Nurse* there will appear a whole centre sheet with forms for pre-registration and, possibly, for transportation to the convention and post-convention tours. Anyone who is interested, but does not have a form, may write in to the *Canadian Nurses' Association, 1411 Crescent St., Montreal 25.* When you send in your registration fee, a card for you to complete and information concerning hotel or motel accommodation will be sent to you with your receipt. A sub-committee of the Arrangements Committee has been set up to allocate space. As we expect a record attendance, it will be wise to write in early if you wish to stay at the Banff Springs Hotel.

International Council of Nurses

We are eagerly awaiting the reports of the deliberations of the I.C.N. in Brazil. Canada was well represented with at least 42 members attending. In addition, Miss Gladys Sharpe spoke on "New Trends in Curricula for Schools of Nursing" and Miss Lyle Creelman, a member of the C.N.A. with WHO, addressed the Congress on the "Relationship between the World Health Organization and Professional Nursing."

The Royal College of Nursing

In a recent newsletter from the Royal College of Nursing, it was most interesting to note the similarity of the problems in the United Kingdom and those here in Canada. Some of the subjects under discussion were educational requirements of student nurses, the deplorable standard of arithmetic in nurse candidates, and the problem of the relationship of nurses and labor organizations. If you will take a quick look through the reports of C.N.A. biennial meetings and provincial annual meetings, these subjects will be found time and time again. The Congress of the I.C.N., newsletters and correspondence from national nursing organizations and official nursing journals all assist us in evaluating our own problems in the light of those in other countries.

The National League for Nursing

In June of this year the N.L.N. had its first birthday and celebrated with its first convention. Perhaps it was in the nature of a party to those of us who were onlookers but was the culmination of a great deal of hard work on the part of those responsible for its success. Those of us who were visitors from Canada were fascinated by the smoothly working mechanics of the meeting. Cleveland's Public Auditorium, a building of enormous size, allowed for many simultaneous sectional meetings, with more than enough seating space for everyone. Three of us were representing associations — Mrs. Marion Botsford, assistant registrar of the R.N.A.B.C., Miss Winonah Lindsay, secretary-registrar of the A.N.P.Q., and myself as assistant secretary of the C.N.A. — and were on the alert for ideas on convention management. We returned laden with the daily N.L.N. newspaper, pamphlet material on the League's and the A.N.A.'s activities, mimeographed agenda for meetings, and innumerable reports of the progress and plans of the various departments. In our notebooks were reports of discussions carried on in relation to the N.L.N.'s many interests — e.g., psychiatric nursing, two-year schools of nursing, state licensing regulations, and so on. Informal chats gave us many opportunities to describe the structure of our nursing organizations in Canada and some of the problems which arise because of our "open" borders with the United States.

Committee on Educational Policy

Previously we reported that a subcommittee of the Committee on Educational Policy had a three-day working session to discuss and draw up recommendations concerning curricula for both professional and auxiliary psychiatric nursing personnel. The full committee met in June to study the report of the sub-committee and to make suggestions for the implementation of the recommendations. It is hoped that with the plans which have been made to date, it will not be long until we may see concrete results.

Far Fields

Within the last few months National Office has had several requests for suggestions concerning nurses available for work outside Canada. In particular, the World Health Organization has written to us concerning vacancies in nursing education and in pediatrics, both for supervision and teaching. Applications have been requested and received for nursing instructors in Ceylon under the Colombo Plan. Nursing has great possibilities these days for those who are truly interested. But one must bear in mind that the "glamour" may be in one's own imagination. Wherever it is practised, our profession is one of dedication and, to some extent at least, of sacrifice.

C.N.A. National Office

Now just a word about the internal mechanics of National Office. This summer the files are being reorganized and a numerical system of filing being set up. When it is in working order, it will be appreciated if those with whom we correspond will refer to our file number. In the meantime we are surrounded by filing folders waiting to be classified.

Orientation et Tendances en Nursing

CONGRES BIENNAL DE BANFF — 1954

LE SECRETARIAT NATIONAL est prêt à recevoir, à l'avance, des centaines d'inscriptions pour le prochain congrès biennal à Banff. Des feuillets d'inscription ont été envoyés à toutes les associations provinciales pour être distribués à leurs membres de la façon qu'il leur conviendra. Dans le numéro d'octobre du *Canadian Nurse,* une formule d'inscription se trouvera à la feuille du centre; on pourra s'inscrire pour d'autres activités telles que les voyages organisés avant et après le congrès. Toutes les personnes intéressées et qui n'ont pas de formule peuvent s'adresser à l'Association des Infirmières canadiennes, à 1411 rue Crescent, Montréal. Lorsque vous ferez parvenir le montant de votre inscription, vous recevrez une carte que vous devrez remplir. Votre reçu sera accompagné de renseignements concernant l'hôtel ou le motel où vous résiderez. Un sous-comité du logement a été formé. Comme nous nous attendons à une assistance "record," il serait prudent d'écrire tôt, si vous désirez loger à l'hôtel Banff Springs.

CONGRES INTERNATIONAL DES INFIRMIERES

Nous attendons avec impatience le rapport du congrès du Brésil. Le Canada était bien représenté par 42 participantes. En plus de Mlle Gladys Sharpe qui parla sur "Les tendances nouvelles du programme d'étude dans les écoles d'infirmières," un autre membre de l'A.I.C., Mlle Lyle Creelman, de l'O.M.S., fit connaitre "Les relations entre l'O.M.S. et la profession d'infirmière."

LE COLLEGE ROYAL DU NURSING

Dans la dernière lettre de nouvelles que nous adressait le Collège Royal du Nursing (association professionnelle du Royaume-Uni) il était intéressant de voir la similitude des problèmes de ce pays et du nôtre. Notons, parmi les sujets à l'étude, le degré d'instruction des étudiantes-infirmières, le niveau déplorable des connaissances en arithmétique des étudiantes et les relations de travail entre infirmières et organisations ouvrières. Si on jette un coup d'oeil sur les rapports du dernier congrès de l'A.I.C. et sur ceux des associations provinciales, nous verrons que ces questions reviennent souvent. Les con-

grès du C.I.I., les lettres de nouvelles et la correspondance échangée entre les associations nationales et les revues des organismes officiels, aideront à mieux nous faire connaitre l'étendue de nos problèmes en les comparant à ceux des pays étrangers.

COMITE SUR LA POLITIQUE EN MATIERE D'EDUCATION

Nous avons déjà rapporté qu'un sous-comité de la politique en matière d'éducation s'était réuni durant trois jours, pour discuter et faire des recommandations concernant le programme en psychiatrie offert aux étudiantes-infirmières et au personnel auxiliaire. Le Comité s'est réuni en séance plénière en juin, pour étudier le rapport du sous-comité et pour faire des suggestions, dans le but d'adopter les recommandations qui y sont faites. Nous espérons que dans un avenir rapproché, nous verrons le résultat concret de ces réunions.

LA "NATIONAL LEAGUE FOR NURSING"

La "National League for Nursing" a célébré, en juin dernier, son premier anniversaire et a eu son premier congrès. Celles parmi vous qui n'avaient qu'à regarder, diront peut-être que c'était une belle fête, mais ce succès était le résultat d'un travail ardu de la part des organisateurs. Tout le congrès se déroula dans la plus parfaite harmonie, l'arrangement fascina les visiteurs du Canada. Dans l'Auditorium de la ville de Cleveland, un énorme édifice, plusieurs sections pouvaient tenir des assemblées en même temps et il y avait plus de sièges que l'on pouvait en employer. Trois canadiennes représentaient des associations: Mme Marion Botsford, secrétaire-registraire adjointe de l'A.I. de la C.B., Mlle Winonah Lindsay, secrétaire-registraire de l'A.I.P.Q. et moi-même, secrétaire-adjointe de l'A.I.C., nous étions sur le qui-vive pour noter toute idée sur l'organisation des congrès. Nous sommes revenues chargées de journaux, dépliants, sur les activités de la "League" et sur l'A.N.A. Dans ces notes, il est question des discussions sur les relations de la N.L.N., le nursing psychiatrique, les écoles d'infirmières offrant un cours de deux ans, les lois des divers états accordant une licence, etc. Dans des entretiens familiers, il me fut permis d'expliquer la structure de l'organisation du nursing au Canada et des problèmes qui se présentent entre les deux pays où les frontières demeurent ouvertes.

A L'ETRANGER

Durant ces derniers mois, le secrétariat national a reçu plusieurs demandes concernant l'emploi d'infirmières à l'étranger. Tout particulièrement l'O.M.S. nous a écrit au sujet de vacances à combler, on demande des surveillantes et des institutrices pour l'enseignement général aux étudiantes et en pédiatrie. D'autres demandes nous sont parvenues du Ceylan (Plan de Colombo) où l'on désire des institutrices en nursing. Un bel avenir attend les infirmières qui sont vraiment intéressées à travailler au bien-être de l'humanité. Mais, gare aux illusions, "le romantique" souvent n'existe que dans l'imagination. Quelque soit l'endroit où l'infirmière travaille, elle doit se donner et il y a toujours des sacrifices à faire.

SECRETARIAT NATIONAL

Un mot de notre travail au secrétariat national. Durant l'été, un système de classification a été organisé, tout est classé par ordre numérique. Une fois le travail fini, nous apprécierons beaucoup, si tous ceux qui nous écrivent, donnent le numéro du classeur les concernant.

The New Day

To awaken each morning with a smile brightening my face; to greet the day with reverence for the opportunities it contains; to approach my work with a clean mind; to hold even before me, even in the doing of little things, the ultimate purpose toward which I am working; to meet men and women with laughter on my lips and love in my heart; to be gentle, kind, and courteous through all the hours; to approach the night with weariness that ever woos sleep and the joy that comes from work well done — that is how I desire to waste wisely my days. —THOMAS DREIER

No artistic work is so high, so noble, so grand, so enduring, so important for all time, as the making of character in a child. — CHARLOTTE CUSHMAN

Common Clay

LOUISE M. DIMOCK

EVERY SO OFTEN, I am asked to "make a speech" about pottery. I well remember the first request. It was from a church organization and I was allotted 15 minutes! Well, I waved my arms and quoted the Scriptures so enthusiastically, that I never did get around to mentioning the practical side of clay. When it was suggested that I give a talk to the registered nurses I knew that I had better dispense with frills and get down to facts.

Many children have found that they can roll small bits of clay in their hands and fashion marbles or, with a bit more ingenuity, can produce dolls' dishes or "elegant animals." This business of creating something gives them sincere pleasure and promotes a feeling of pride in their work.

Inherent in every human being is the desire to accomplish worthwhile things. When, through sickness or disability, a person is denied a sense of usefulness the first normal reaction is to try to regain it. Many are able to do this by themselves; others require understanding and help. This is when a trained occupational therapist can be of invaluable assistance. Many people become panic-stricken as they become aware of the full extent of their disabilities. This feeling of fear may be more detrimental than the condition itself. In such cases, the frustration may be reduced by talking it over with an occupational therapist. He has been trained to deal with the various aspects (physical, emotional, social, spiritual) of illness. The diagnosis and cure of frustration is his work in particular.

A patient whose fingers have been injured will be given the mildest form of manual activity just as soon as he is ready for it. Right here, clay makes its initial appearance. Plastic clay yields to the lightest touch. At first the patient may not be able to do more than impress a finger on the clay, but at least the effort is made. Gradually comes the desire to alter the clay, perhaps shape it a bit. As his muscles and nerves gain in strength, so does his interest grow in his "masterpiece." What matter if the first clay piece is crude and poorly made? It has served its purpose well by stimulating the mind, restoring function to the fingers, and giving a purpose to the future. This is shown, when the patient says, "I'll make another 'masterpiece' tomorrow."

Working with clay appeals to people from many walks of life because it charms both sight and touch. It shows the relationship existing between the form of objects and the materials used in making them. It lends itself well to a graded variety of movements. The joy of creating things in clay drives out the negative emotions such as fear and insecurity, thus producing a healthy state of mind. The various movements employed in making pottery range from the most delicate touch to the movements requiring great force, such as the wedging of clay. All these contribute to the building up of nerves and muscles in the hands and wrists, as well as the knees and ankles.

It must be emphasized, though, that only basic tools and materials are to be used at first. Elementary processes should be discussed with patients to avoid confusion. It must be your aim to reduce pottery to such a simplified level that anyone can feel that it is within their power to make interesting pieces.

Numbers of disabled veterans, upon completing a course in ceramics, have decided to forego their former careers and have turned to pottery as a means of livelihood.

The story of pottery is the story of civilization, the universal language of man's progress. Now, more than ever, pottery has demonstrated its right to take its place in man's heart and life.

Miss Dimock is director of pottery making, Nova Scotia Handicraft Guild.

Banff
C.N.A. CONVENTION
JUNE 7-11, 1954

We Accept with Pleasure

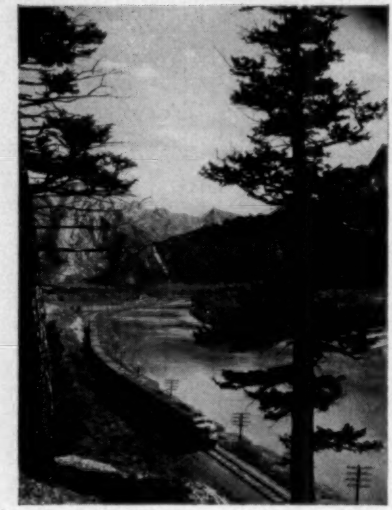
THIS IS THURSDAY, June 18, 1953. Two weeks ago today I dutifully but reluctantly attended the annual convention of the Registered Nurses' Association of British Columbia. I had worked all night and thought as I went off duty at 8:00 a.m. . . . "I may as well go for the morning and get it over with, and if anyone asks at least I can say I've been — I'll sit near the back and sleep."

Ten o'clock found me nodding in a far corner while the first lecture of the day, "Better and Easier Ways to Work," was being presented. Rather ironical, when I so longed for sleep. At intermission my mind was dwelling on how to make a hasty departure unobserved, when a familiar voice addressed me, "There are two good seats at the front of the room. Why don't you move up so you can see the demonstration." I looked up and gazed into the well-meaning countenance of a charge nurse from the hospital where I am on staff. Visions of my peaceful room and cozy bed vanished as I forced a weary smile and replied, "Thank you, Mrs. West, I'd love to."

If anything could have been harder and more uncomfortable than my former position in the back row it was this newly acquired ringside seat. I wondered how I could survive the gruelling hours ahead. Then the demonstration commenced. Gradually my foggy consciousness became aware that the nurses before us were showing how to save time and equipment in the performance of nursing procedures, and still do an efficient job. "Can this be true," I mused, as my eyes and ears alerted to the scene before me. "How sensible and effortless compared with the former tedious method!"

By noon all thoughts of sleep had vanished and instead I was greeting friends and eagerly viewing exhibits and hobby displays.

So the day wore on. As I watched and listened, I realized also, with much regret, how indifferent I had become to my profession, and how selfishly attached to days off, golf after duty, a weekend in Seattle or that cheque twice a month. In the interval since, this thought has been uppermost in my mind . . . although these things are important and requisite, how much more thankful I would be for them were I to regain the eagerness and enthusiastic loyalty for nursing that I had had as a student. Judging from conversations I hear around the coffee table, I feel that among staff nurses I am not alone in these feelings. Have we let ourselves become robots who



C.P.R. Photo

Banff-ward Bound

carry out a daily, mechanical routine? Have we ceased to be "thinkers" and become mere "doers," leaving the brain work to our superintendent and her handful of assistants?

If what I have written is true of myself and a large percentage of staff nurses, and I believe it to be so, then let us try a stimulant. After my own experience at our annual convention I sincerely feel that the C.N.A. Convention at Banff would be an inspiration to us all.

Our profession cannot stand still while commerce and industry move ahead with such rapidity. We must meet together, solve our problems, formulate new plans and then return to our various hospitals and *work together*. For that is what life is — just our chance of serving.

Who is better qualified to institute new methods than the staff nurse who is more closely and constantly in contact with the patient than any other member of the large hospital team? The convention, also, will be the time for us to bring forth new suggestions. Truly it is *our* ears that hear the wishes and complaints of the patients, the anxieties and griefs of their relatives. It is *our* eyes that see the student or attendant who needs a guiding hand. It is *our* ideas that will simplify a procedure or ease a trying task.

It is my hope, therefore, that I am not wrong when I say on behalf of all the staff nurses of Canada that "We accept with pleasure" the invitation of their president, to be the guests of the Alberta Association of Registered Nurses next June. Apart from meetings which, of necessity, must come first, we will have the thrill of shaking the hands and hearing once again the greetings of former classmates. Of Banff itself, I can but add to what has already been written, that in my travels I have found its beauty is unsurpassed, its pleasures unlimited.

Let me urge all staff nurses to make Banff — 1954 a very real goal. You will be sorry when those glorious days reach an end. Perhaps you will be poorer financially but you will be richer in wisdom; and you will be happy — for "happy is the man that findeth wisdom and the man that getteth understanding."—K.T.

Information is coming to hand as to the extent of the economic burden thrown on industry by rheumatism. Under the Industrial Section of the Medical Research Council, large industrial undertakings are arranging to record particulars relating to rheumatic conditions.

The National Coal Board has already reported that involuntary absenteeism due to rheumatic conditions alone costs the Board £15,000,000 per annum.

The Slough Industrial Health Services prove that "Treatment on the Job" for the rheumatic worker has resulted in a group of firms saving in one year 13,356 man-power hours and £1,850 in wages.

British Rheumatic Association in the *WHO Newsletter*, Mar. 1953.

Education is not given for the purpose of earning a living; it's learning what to do with a living after you've earned it.

— Abraham Lincoln

Let us be of good cheer, remembering that the misfortunes hardest to bear are those which never happen.

— James Russell Lowell

Student Nurses

Childhood Diabetes

N. Joyce Abrahamson

To look at the little girl in the picture one would suppose she was like any other normal child. She is in most ways. However, for the rest of her life Beverly will carry a card marked, "I am a diabetic."

Diabetes mellitus is a condition in which part or all of the ability to utilize sugars has been lost because of deficiency of insulin, an internal secretion of the pancreas.

Like most diabetics the onset of Beverly's disease was insidious. She had been premature, weighing two pounds seven ounces at birth. Her family had taken her regularly to a pediatrician. Five weeks before her admission to hospital she developed chickenpox. Upon recovery from this upset she developed a bad cold and her teeth began to ache. She became very thin although her appetite was good. Finally her parents took her to their pediatrician again. She was obviously undernourished but this did not concern him too much. However, her urine was plus 4 for sugar and this was cause for alarm.

Upon admission a series of laboratory tests were made:

Blood:	White blood cells — 7,200
	Hemoglobin — 15.3%
Urine:	Negative other than sugar and acetone
Serology:	Wassermann and Kahn negative
Radiology:	Chest — negative
	Teeth — no osteomyelitis

Fractionated urines and bloods were begun immediately. The "Carbon Dioxide Combining Power" was as follows on her first day in hospital:

11:00 a.m. — 18.5 volumes %

6:00 p.m. — Blood sugars 234%; CO_2 26.6 volumes %

8:15 p.m. — Blood sugars 326%; CO_2 35.1 volumes %

The normal blood sugar level is 70-90 mg. %. The normal level of "CO_2 Combining Power" is 75 volumes %. Thus it can be seen that a great deal of work had to be done to regulate Beverly's insulin and diet.

At first she was given 25 units of Crystalline Zinc Insulin and a 1,350-calorie diet. Fairly soon her diet was increased to 1,575 calories with 52 units of Crystalline Zinc Insulin. This large amount of insulin was gradually decreased until she was receiving 26 units. She was started on N.P.H. insulin, 14 units, which was gradually increased to 32 units and a 1,700-calorie diet.

Upon admission Beverly showed marked ketosis and acidosis. This was quite rapidly controlled. She showed only minor reactions such as profuse

Beverly

Miss Abrahamson is a student nurse at the Royal Victoria Hospital, Montreal.

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perspiration and hunger. Her weight on admission was 40 pounds. A month later she weighed 43½ pounds.

The gums around her teeth were erythematous but Beverly never complained of pain. She was discharged from hospital but returned a week or so later to have some decayed teeth removed. Almost immediately the periodontal abscesses healed.

Beverly is fortunate in having an intelligent mother. At first her mother will give her the insulin injections but eventually she will do this herself. With sample menus from hospital, her mother will weigh and calculate the amount of food she will eat. Periodic medical examinations will be also necessary, in order to determine whether Beverly is growing and developing as she should.

Because of the thought and care given to the diet most diabetic children who are under good control are in better physical state than the average non-diabetic child. A word must be said about insulin shock. This occurs when insulin is present in the body in excess of the immediate need. This can be caused by many factors such as miscalculations of diet or insulin. The sugar in the blood falls below normal limits and insulin shock occurs. It is, therefore, necessary to be careful with diet and insulin and to keep the diabetic child free from all sources of infection.

Beverly must learn self-control. This can be achieved through opportunities to exercise her will power. The future is quite bright for Beverly and, with proper treatment, she will be as successful and well adjusted as any other normal child.

Start Living

Nothing is more pathetic than the "someday" talk. Someday is never. Now is the time of possibilities. If you start living when you are young, you do not arrive at middle age. You remain young until you are old.

—Stephen Graham

Male Nurses

VERNON L. RYDER, R.N.

THE FACT THAT MALE NURSES are not recognized as nurses by the general public and the Canadian armed forces is a long-festering hurt to the pride of those affected — several hundred skilled men who are practising nursing throughout our land.

Physically and mentally fit male nurses are eligible for enlistment in the services during peace time or for drafting in time of war on a par with other men of military age. However, the most the male nurse can hope for in the military medical services are the stripes of regular non-commissioned medical personnel, and the dubious satisfaction of verbal praise from the lips of so-called "superior officers" for professional nursing skills well performed.

Even more discouraging is the lot of those male nurses who not only enter the ranks as enlisted men but who are frequently assigned to branches of services and duties not even remotely connected with their professional work.

This obvious injustice to a small yet qualified group in a great profession can be corrected only by more publicity. You see many advertisements for student nurses during this shortage. Could not more male student nurses be secured by adding "male and female students" to the advertisement, and by changing the national recruiting campaign to include men as well as women? Few people realize that men may be trained as professional nurses.

The troublesome situation stems from the fact that it is only in comparatively recent times, since World War I, that men in any number have received an education in nursing comparable to that given women. There seemed to be neither necessity nor interest in including equal provision for commissioning men along with women in the medical services. However, times and events have brought a change, leaving us with an antiquated edict.

The shortage of nurses in the armed forces of the United States became so acute that at one point a nurses' draft Act was introduced in Congress during World War II. Had not the war ended before this Act was passed, male nurses would have obtained officers' commissions they have long been entitled to.

Today the need for male nurses is again acute. One cannot predict how we will be able to provide nursing care for the many male patients requiring nursing care. One way is by admitting more male student nurses. More and more men nurses are being utilized in civilian services as staff nurses, head nurses, clinical instructors, supervisors and administrators in the specialized fields of nursing. In civilian, as well as in government services, no differentiation is made in employment status between men and women nurses except by reason of their individual differences in academic and professional preparation. One advantage to having male nurses in executive positions in hospitals is the fact that theirs is a life profession, whereas the great majority of female nurses give up their profession to enter marriage and thus create the continual changing of hospital staff.

If male nurses were eligible for commissions in the armed forces and given equal status across Canada, we could anticipate the entrance of more men students into nursing schools, including many former servicemen who would consider an officer's commission after graduation a desirable goal. Recruitment of men into the field of nursing could be stimulated, professional nursing personnel capable of serving with combat units could be provided by the military services, and this group of trained professional men could help in the civilian hospitals. The status of men and women with comparable professional preparation and experience would thus be equalized.

Mr. Ryder resides in Yarmouth, N.S.

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(*Continued from page 697*)

the surface of the fascia lata — a point which can be readily determined by the sensation of the yielding of resistance after its penetration or by introducing the needle to an average depth of about an inch from the skin surface. If the needle strikes the bone, no harm is done provided always that it is withdrawn for half an inch before the injection is made. The usual precaution of aspirating slightly to make sure that the needle is not in a blood vessel should always be carried out.

When the vastus lateralis is used as an injection site, the risk of phlebitis and generalized systemic infection is eliminated.

The possible uses of the thigh muscle as the site of deep intramuscular injection would seem to deserve wider clinical trial.

— *Physician's Bulletin* published by Eli Lilly and Company.

Book Reviews

Surgery for Students of Nursing, by John Cairney, D.Sc., M.D., F.R.A.C.S. 326 pages. N. M. Peryer Ltd., 145 Worcester St., Christchurch C.1, New Zealand. 1952. Price 40s.

Reviewed by Wendy Fidlar, former Clinical Instructor, Children's Hospital, Winnipeg.

A surgical text, as we know, is a necessity for every student nurse during the early part of her training. Dr. Cairney, well qualified after 20 years of lecturing on this subject to student nurses, has given us a volume that can be used to great advantage by both instructor and student. I believe the first-year student can gain a good basic understanding of the subject from his explained terminology and concrete presentation. Anatomy and physiology are well related in the surgical teachings. The material includes very simplified and accurate diagrams. The entire book stimulates an interest in the subject which the student may not yet have acquired in her training.

For the nursing instructor, a desired text must be useful in teaching the nursing care of the patient as well as giving a clear picture of the surgical condition and its

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treatment from the doctor's point of view. Perhaps some might judge that this edition requires added notes and explanations. For example, psychotherapy, which we find today to be so important in all branches of medicine, gains no mention in the general pre- and post-operative care of the patient. Hints in good nursing care such as the use of Montgomery straps, preparation of the skin before application of adhesive, keeping a drain in position by use of a sterile pin adequately taped, are given little attention.

Some surgical practices that have advanced in the past few years and are now becoming common procedures are entirely omitted from the text. Craniotomy and the numerous neurological air studies and cardiac surgery are among these.

The author has succeeded in providing us with excellent teaching and reference material for gynecology and eye, ear, nose and throat work. His opening chapter on pyogenic infections is also a well arranged and complete section.

This surgical nursing text, the first to be published in New Zealand, gives us the hope that we will have access to additional writings in the future.

Midwifery and Obstetric Nursing, by Michael W. Bulman, M.D. 369 pages. British Book Service (Canada) Ltd., 1068 Broadview Ave., Toronto 6. 3rd Ed. 1951. Price $4.25.

Reviewed by Mrs. Jean Veale of Kirkland Lake, Ont.

This book is very concise and written in such a manner that it is easily followed by any student in midwifery or nursing. I would recommend it to anyone wishing to specialize in obstetrical nursing.

This book was written, as the title points out, primarily for the course in midwifery given in England, rather than for a course in obstetrical nursing as we have it in Canada. Very few babies are born here without the assistance of a doctor, unless by accident or in the more remote areas of our country where doctors are scarce. I do believe though, that a nurse interested in obstetrics and working in that department should have a thorough knowledge of this branch, to be of best assistance to the doctor and to be able to meet any emergency which may arise.

I like the way the author has stressed the idea of prenatal care and the points to

A WAIVER IN ONTARIO UNDER THE NURSES' REGISTRATION ACT – 1951

Notice is hereby given that the regulations under the Nurses' Registration Act, 1951 (Ontario) include a waiver which reads as follows:

"The Board shall register without examination any person
- (a) who
  - (i) graduated from a school of nursing, and
  - (ii) was eligible for registration as a registered nurse under any Act of this Legislature before the year 1926; and
- (b) who has not registered as a registered nurse where that person
- (c) applies for registration before the 31st of December, 1953, and
- (d) pays the registration fee prescribed by sub-Regulation 2 of Regulation 12."

For interpretation of eligibility and for individual application write to the **Registrar, Registered Nurses' Association of Ontario, 515 Jarvis St., Toronto 5, Ontario,** stating name and location of School of Nursing, and year of graduation.

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be watched for in assuring a normal pregnancy with a safe delivery without complications.

It was a pleasure to find a chapter devoted to asepsis. This is very important to know whether the confinement be in the home or at a hospital.

The illustrations are very adequate and cover all subject matter in detail.

I have thoroughly enjoyed reading this book and hope that more nurses will take time to read it.

The Day Hospital — an Experiment in Social Psychiatry and Syntho-Analytic Psychotherapy, by Joshua Bierer, M.D., D. Econ. 56 pages. The Ryerson Press, 299 Queen St. W., Toronto 2B. 1951. Price $2.00.

Reviewed by Mrs. Lilian Lossing, Instructor, Ontario Hospital, St. Thomas.

Despite the rather technical title we found Dr. Bierer's report of "The Day Hospital" comprehensive and stimulating. We learned that this is a new institution in the field of prophylaxis and treatment of nervous and mental disorders — an experiment that commenced in London, England, in 1947 and 1948. This short book is of particular in-

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terest to those who work in the field of psychiatry or have any contact with everyday mental health problems.

The material is divided into four parts: Introduction, The Function of the Day Hospital, The Concept of the Day Hospital, The Summary. Through these four chapters the many questions one might ask are answered. We learned that the Day Hospital provides the care and treatment needed and also gives the patient the privileges of an out-patient department. Our curiosity was aroused as to where the patient stays during the part of the day he is not at the hospital. Lack of detail concerning this point led to further search for information.

As we studied the case histories we saw a glimmer of hope and felt a surge of encouragement. Can it be that in our time ventures of this type will bring forth a greater understanding of these sick folk? Is this the answer to our overflowing wards in hospitals for the mentally ill?

We learned of the Social Therapeutic Club which is part of the Day Hospital. We were impressed by the words of the patient who, having been "a backward, untalented and agressive waif" said, "These were my own people whom I had been looking for all my life — I had missed so much."

The style of the book is clear, concise and to the point. It is an asset to the hospital reference library and of greater use to the worker in the field perhaps than to the younger student whose horizons are not sufficiently widened.

Annual Meeting in Saskatchewan

THE 36TH ANNUAL MEETING of the Saskatchewan Registered Nurses' Association was held in Regina, on May 22 and 23, 1953. Miss Grace Motta, acting president, presided at all meetings. The opening ceremonies included the invocation by the Very Rev. Dean N. S. Noel, rector of St. Paul's Pro-Cathedral, Regina, and an address of welcome by His Worship, Mayor Gordon Grant.

Using as her theme, "Is Nursing a Profession?", Miss Motta's presidential address was both challenging and stimulating. In developing her subject she quoted the seven

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criteria established by Dr. Abraham Flexner to evaluate the status of a professional group and applied them to nursing. There appeared to be little doubt that, as a group, nursing meets the standards required for professional rating. However, Miss Motta asked that the individual nurse study the criteria and face them honestly in relation to herself.

The report of the Executive-Secretary, Registrar dealt with various C.N.A. activities, S.R.N.A. Council meetings, the revision of the Recommendations Relating to Nursing Personnel, chapter and hospital visits, hospital institutes, bursaries for graduate and post-graduate study, civil defence, and the Centralized Lecture Program for Student Nurses. The broad areas of activity covered in other reports from Provincial Office, standing and special committees, and chapters, were indicative of the many interests and the rapid expansion of the work of the S.R.N.A.

Guest speakers included Miss Frances McQuarrie, C.N.A. assistant secretary, who spoke on "We Pick Up the Threads." Dr. J. B. Ritchie addressed the luncheon on Friday on "Impressions of a Recent World Trip." This year saw a change in the pattern for the program of the annual meeting, guest speakers being few. Instead, the local chapters were asked to present special features. This proved to be a real experience in nurse participation.

At the morning session of May 22, a skit was presented by Regina Chapter under the leadership of Miss Elizabeth Smith. The topic, We Plan Together for Community Health, was ably developed by Miss Smith, Olive Brown, Jean Cloarec, and Mary Edwards. The afternoon session was largely devoted to a symposium and group discussion, followed by reports from the groups on the Structure Study of the Canadian Nurses' Association. This part of the program was presented by Moose Jaw Chapter. The symposium and direction of the session was under the able leadership of Beulah Anderson, with Matilda Diederichs, Agnes Herd, Patricia Hourigan, and Jean McIntyre each discussing certain sections of the Study.

Coordination Among the Nursing Services was the topic chosen for a panel discussion presented by Prince Albert Chapter. Vera Spencer (chairman), M. Davidson, C. Dauk, E. Nicol, L. Telfer, J. Williams, Mmes E. Dumas, L. Morrison, and E. Sanders, through their discussion, showed how all nursing services, including hospital, private duty, nurses in doctors' offices, V.O.N., official public health agencies, sanatoria, and Indian Health Services, might better their lines of communication and improve the coordination of all nursing services.

The symposium presented by the Saskatoon Chapter, under the chairmanship of Alice Hazen, was on The Psychological Aspects of Nursing in the various specialties: Pediatric nursing, Miss Hazen; poliomyelitis nursing, Sr. Bezaire; tuberculosis nursing, Mrs. Evelyn Walper; cancer nursing, Julia Chudy.

The sessions of the three standing committees of Institutional Nursing, Private Nursing, and Public Health Nursing were held the morning of May 23 under their respective chairmen — Mary T. Mackenzie, Elizabeth Waddington, Louise Miner. Following the business session of each committee, the Institutional and Private Nursing committees joined to hear talks and see demonstrations on Isolation Technique and the Care of the Poliomyelitis Patient, presented by Mrs. Lillian Aldous, Sr. Bezaire, and Dorothy Hopkins. Those attending the public health nursing session heard a panel discussion on The Public Health Nurse in the Home Accident Prevention Program, under the chairmanship of Louise Miner with public health nurses Lillian Domes, Edna Moore, Jean Ross, and Muriel Niblett participating. Mary Gardener from the Division of Health Education of the Provincial Department of Public Health, and Mr. Harold Lobb, executive secretary of the Saskatchewan Division of the Canadian Mental Health Association, also contributed to the panel.

A special meeting for student nurse delegates was chaired by Lucy Willis, director, Regina Centre, Centralized Lecture Program. The session was on History of Nursing as It Lives for You and was under the direction of Ethel James, tutor, Regina Centre, Centralized Lecture Program.

Social activities were arranged by the Committee on Arrangements under the chairmanship of Mrs. Alice Schwartz, with Betty Hailstone and Mrs. Eva Pechey assisting. Co-hostesses were the southern chapters of Estevan, Moose Jaw, Qu'Appelle Valley, Regina, Swift Current, and Yorkton. In addition to the luncheon on May 22, a delightful coffee party was held in the

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EXAMINATIONS FOR REGISTRATION—PART II:

Graduates desiring to qualify for a licence to practise will write on **November 16th, 17th and 18th, 1953.** Candidates will not be permitted to write these examinations until they have actually completed their training and hold the diploma of their school. **Applications must be received by October 15, 1953.**

EXAMINATIONS FOR REGISTRATION—PART I:

Students who will have completed their first year will enter the Examinations for Registration, Part 1, which will be held on **October 19th, 20th, 21st, and 22nd, 1953.** (Time to be announced in each school.)

Applications must be received by September 16th, 1953.

For application forms and all information relating to the examinations, apply to the headquarters of the Association.

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solarium of the Regina Grey Nuns' Hospital on the same evening.

The mailed ballot sent to all members prior to the annual meeting resulted in the following officers being elected to the S.R.N.A. Council for the 1953-54 term: President, Grace Motta; vice-presidents, Mary Earnshaw, Louise Miner; councillor, Gertrude James. Committee chairmen: Institutional Nursing, Mary Mackenzie; Public Health Nursing, Mrs. Helen Fletcher; Private Nursing, Emily Robinson.

LOLA WILSON
Executive-Secretary, Registrar, S.R.N.A.

Annual Meeting in Nova Scotia

THE 44TH ANNUAL MEETING of the Registered Nurses' Association of Nova Scotia was held in Truro on May 27, 28 and 29, with 125 nurses from the nine County branches attending. Main business of the two-day convention was a discussion on the adoption of a proposed Code of Ethics and recommended personnel policies for all nurses working in Nova Scotia.

Much of the session was spent discussing personnel practices, and various recommendations were made for the guidance of nurses and their employers, as pertaining to salaries, hours of work, vacations, sick leave, etc. For nurses employed in institutions, public health agencies, industry, and other general employment, the eight-hour day is to continue with general duty nurses in full employment to receive a minimum gross salary of $190 monthly. Miss Rhoda MacDonald, Halifax, school of nursing adviser, stated she had visited 14 nursing schools throughout the province and found a high level of enthusiasm and cooperation from each hospital visited.

The R.N.A.N.S. annual award to a student attending the Dalhousie School of Nursing was renamed "The Lenta G. Hall Memorial Fund" in honor of the late Miss Hall whose interest and influence promoted the establishment of the school at Dalhousie.

At an afternoon session Miss Pearl Stiver, the general secretary of the Canadian Nurses' Association, addressed the meeting. Miss Stiver's address dealt with policy and research, emphasizing the recruitment problem. The value of the professional magazine was stressed to the delegates by Miss C.

Perkins, assistant editor of *The Canadian Nurse.*

The meeting accepted an invitation from the Pictou Branch to hold the 1954 meeting in New Glasgow, and extended an invitation for the national association to meet in Halifax in 1956.

Following are the officers elected: President, Jean Forbes; vice-presidents, Mrs. D. McKeown, Sr. Catherine Gerard, R. Myers; honorary secretary, J. Elliott. Committee chairmen: Institutional nursing, Sr. Jean Eudes; private nursing, M. MacDonald; public health nursing, M. McLellan; public relations, E. MacLennan; legislation, Sr. Marion Estelle; educational policy, J. Church; discipline, M. Haliburton; adviser to registrar, E. Purdy; nominating, D. Gill.

E. A, Electa MacLennan
Public Relations Chairman, R.N.A.N.S.

Ontario

The following are staff changes in the Ontario Public Health Nursing Services:

Appointments—*June Elder* (Health visitor's certificate and certificate of the Queen's Institute of District Nursing) and *Edna (Johnson) Haussler* (St. Michael's Hosp., Toronto, and Queen's University cert. course) to Northumberland and Durham health unit; *Norma Lambert* (Regina Gen. Hosp. and University of Toronto general course), formerly with Prince Edward Co. health unit, to York Co. health unit; *Dorothy (Sanderson) Stetler* (Toronto Gen. Hosp. and U. of T. gen. course), formerly with Peel Co. health unit, to Township of Michipicoten, Jamestown; *Joyce Tyrell* (Toronto Western Hosp. and U. of T. gen. course), formerly with Porcupine health unit, to Etobicoke Township board of health; *Mary (Grandy) Watson* (U. of T. diploma course) to Chatham board of health.

Resignations—*Elizabeth (Read) Cardno* from Huron Co. health unit; *Nora Crozier* from Bruce Co. health unit; *Mary Daigneault* and *Dorothy (Bennett) Hickling* from Kent Co. health unit; *Margaret (Roberts) Hartwyck* from North York Township board of health; *Ethel Irwin* from East York-Leaside health unit; *Amy (Willson) Jeffs* from Lennox and Adding-

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ton health unit; *Irene Lawson* as public health nursing supervisor, Welland and district health unit; *Marion Low* from Dufferin Co. health unit; *Nancy Lynn* from St. Catharines-Lincoln health unit; *Kathryn Miller* from Brant Co. health unit; *Shirley St. Pierre* and *Jean (Fortner) Glover* from Windsor board of health; *Margaret Spear* from Lambton health unit.

Victorian Order of Nurses

The following are staff changes in the Victorian Order of Nurses for Canada:

Appointments—Belleville, Ont.: *Doris O'Brien* (St. Joseph's School of Nursing, Kingston). Hamilton: *M. J. Costie* and *Marilyn Reynolds* (St. Joseph's Hosp., Hamilton). Ottawa: *Lillian Furrie* (St. Joseph's Hosp., Peterborough). St. Thomas: *Mary H. Law* (Victoria Hosp., London). Toronto: *Lorna Calderwood* and *Jane Cooley* (University of Toronto School of Nursing), *Marilyn Durdin* (Victoria Hosp., London), *Yvonne Easton* and *Marion Hartwell* (St. Joseph's Hosp., London), *Edna Oudot* (U. of T.), *Barbara Payne, Mary Sims, Mary Wylie* (Victoria Hosp., London). Winnipeg: *D. MacIver* (Winnipeg Gen. Hosp.).

Reappointments—National Office, Ottawa: *Mrs. Doris Small.* Cobalt: *Joy Ann Chesser.* Saint John, N.B.: *Elizabeth Barry.* Toronto: *Mrs. Rosemary Barton.*

Transfer—*Stella Warwick* from Corner Brook, Nfld., to Pointe Claire, Que.

Leave of Absence—Winnipeg: *Margaret Warren.*

Resignations—Burnaby, B.C.. *Mrs. D. J. Cartwright.* Cobalt: *June Woodruff.* Cornwall: *Mrs. B. Kilgour.* Dartmouth: *J. Gillis.* Dundas: *Mrs. Jean Brightman.* Hamilton: *Mrs. Margaret McNeil.* Kirkland Lake: *Mrs. A. McDonald.* Leamington: *Nancy Pritchard.* Montreal: *Mrs. G. Harris.* Niagara Falls: *Mrs. E. McLeod.* Ottawa: *M. Martineau.* Toronto: *Donna Hollowell, Helen Gowdy, Mary Sirrs, Marlys Smith, Mmes Margaret Anderson, R. Ferguson, L. Taylor, B. McClenaghan.* Trenton: *Minola Gould.* Vancouver: *Mmes A. L. DeKoven, E. C. Olsen, F. E. Walcott.* Windsor, N.S.: *Mrs. Geraldine King.* Windsor, Ont.: *G. Folean.* Winnipeg: *Luba Gold.*

Nursing Sisters' Association

The newly formed Montreal Overseas Nursing Branch of the *Montreal Unit,* appointed the following officers: President, A. W. Lindsay; vice-president, I. Henderson; secretary, C. M. Dibblee; treasurer, P. Bisaillon. Committee chairmen: Mrs. Toller, N. Kennedy-Reid, G. Layman, D. Marks, K. MacLeod, E. Groenewald, L. Payn.

The grand essentials to happiness in this life are something to do, something to love, and something to hope for.

—Joseph Addison

News Notes

ALBERTA

HANNA

The delegates to the A.A.R.N. annual meeting in Banff from Hanna District Chapter were Mmes Stephens, Schmidt, and Miss Gunton.

The latest project for the chapter is the collecting of nursing texts to be sent to Ada Sandall, who is directing a nursing school in Korea.

PONOKA

Provincial Mental Hospital

Graduation ceremonies were held for four nurses, six male attendants, and three post-graduate students.

At the annual meeting, the reports from the A.A.R.N. convention in Banff were summarized by Mmes Baisley, Moffat, and Miss E. Kemp.

Recent resignations from the staff are: G. Benzon, J. Phillips, C. Nicoud, D. Shultz. The farewells took the form of a weiner roast.

BRITISH COLUMBIA

KAMLOOPS

Olive Garrood was honored by the Kamloops-Tranquille Chapter prior to her departure to live in Victoria. M. Davies reviewed Miss Garrood's life and work in Kamloops from the time when she did all the public health work in the community either on foot or by bicycle. A travelling case and lovely corsage were presented to Miss Garrood and she was named a lifetime honorary president of the chapter.

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General Hospital,
Winnipeg, Man.

in the religious profession for Sister Pulcheria, who is at Lacombe Home, Midnapore, Alta.

MANITOBA

BRANDON

Highlights of the activities of the Association of Graduate Nurses for the past year are: A meeting requested by J. DeBrincat, Civil Defence Nursing coordinator, to organize for the survey of nursing personnel; a meeting at which Dr. W. Watts spoke on the problems of poliomyelitis; the appointment of Misses Arnott and Strang and Mrs. Hotson as representatives to the Brandon Council of Women; the formation of a group with L. Arnott the president, as leader, to study the C.N.A. Structure Study; the completion by archivists, Miss Bennett and Mrs. Hannah, of the history of the B.A.G.N.; a successful tea and bazaar in aid of the scholarship fund, which was convened by Mmes Brereton, Selbie, and Russell.

At the March meeting L. Pettigrew, executive secretary of the M.A.R.N., discussed and interpreted the Draft Act which provides for the formation of district organizations and the appointment of an accrediting committee for schools of nursing in the province. The association voted $100 toward the student nurse recruitment program and awarded a scholarship of $500 to Ruth Lane, a graduate of the General Hospital. Concluding the association's activities for the year, was the annual dinner meeting and dance in honor of the graduating classes of both schools of nursing. Guest speaker was Professor H. N. McQuarrie, assistant professor of political science at Brandon College, whose address was entitled "Pathology of Interpersonal Relations." Special guests at the banquet included Mmes Pierce and Darrach, and Miss Knowlton, the latter being one of the organizers of the association in 1918.

NEW BRUNSWICK

WOODSTOCK

Twenty-two members of the Woodstock Chapter were present at the June meeting which took the form of a picnic at the home of Mrs. L. Hawkins. The president, Mrs. P. Raymond, presented a corsage to W. Burpee, who is leaving the district to live in Ottawa. Visitors present included: Mmes F. Dibblee, R. Plummer, H. Lanyon, Misses G. Murchison, A. Wilson, K. Rowan, E. Thompson, L. J. Woodcock. G. Charters was appointed delegate to the N.B.A.R.N. annual meeting.

Resignations from the staff of the Carleton Memorial Hospital include: Mmes L. Hawkins, J. Griffith, D. Day, L. Dunbar.

NOVA SCOTIA

AMHERST

New officers elected by the Cumberland Registered Nurses' Association at their annual meeting were: President, S. Dickie;

vice-president, Mrs. C. Gould; secretary-treasurer, Mrs. A. Hannah. Chairmen of committees remained unchanged. Mrs Hannah and D. Gogan were named delegates to the R.N.A.N.S. annual meeting in Truro, M. Jeffers to represent the student nurses. Mrs. Gould reported on the executive meeting in Halifax and T. Fraser read a case study prepared by G. Adams, a student nurse at Highland View Hospital.

ONTARIO

DISTRICT 1

LONDON

Victoria Hospital

As part of the week-end of events celebrating the 20th anniversary of their graduation, 27 members of the School of Nursing class of '33 were entertained at a tea in the nurses' residence. Tea was poured by Mrs. A. E. Silverwood, who was superintendent when the class of '33 was in training, and Mrs. J. A. Kennedy, alumnae president, assisted.

DISTRICT 4

HAMILTON

The Community Nursing Registry selected the following as its officers for the coming year: President, G. Hall; vice-presidents, I. Cummings, D. Rilett; secretary, Mrs. B. Norton; registrar-treasurer, J. Harrison. Board members are: Mmes J. Regan, M. Silverthorn, A. Pollington, A. Haygarth, C. Andrews, T. Pompey, Misses K. Reid, E. Daniels, E. Kelly, P. Hickey, V. Krubinski, P. Mancine, S. Snaith, K. Cheeseman, H. McKay, D. Marshall, J. Haslett. Reports were presented by: J. Regan, M. Hayes, J. Harrison, G. Hall, Mrs. J. Sloan. The meeting was addressed by Dr. R. A. Dolan.

DISTRICT 5

BOWMANVILLE

The 1952-53 executive of the Bowmanville Graduate Nurses' Association organized a very successful reunion dinner in June. The executive members were: Past president, Mrs. A. Squair; president, Mrs. E. Alldread; secretary-treasurer, Mrs. R. Trull; committee members, Mmes S. Hills, F. Muir, Miss R. Hancock.

OSHAWA

Muriel Gifford, a graduate of the General Hospital, has been appointed superintendent of the Ontario County Fairview Lodge, to succeed Mrs. K. Read. Prior to accepting this post, Miss Gifford had been serving at the hospital as night supervisor. For a year she was outpost nurse on Harrington Island for the Grenfell Mission.

TORONTO

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Supervision in Psychiatric Nursing.
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at the Toronto Military Hospital, has been appointed matron with Canadian Nursing Sisters in Japan and Korea. In that post she succeeds Capt. E. B. Pense who is returning to Canada on rotation.

Wellesley Division, T.G.H.

Forty-three nurses graduated from Wellesley School of Nursing on the same day that their new nurses' home was officially opened by Premier Frost. Norman C. Urquhart, president of the Board, presided at the affair which also marked the 25th anniversary for Miss E. K. Jones as assistant superintendent of nurses, then superintendent. Pins and diplomas were presented by Mrs. G. McCullagh, Rev. James Gunn said a dedicatory prayer, and Douglas Elliott presided at the organ.

In the graduating class scholarships and prizes were awarded to the following: M. Davis, G. Gunn, M. Bolton, R. Collins, F. Kelly, C. Wood, C. Fines, J. Dochstader, A. Houston, J. Hughes, B. Bell, M. R. Vent.

DISTRICT 7

BROCKVILLE

At an evening of bridge, presentations were made to Mrs. E. Stangeby and Mrs. M. Kavanagh who have recently resigned from the nursing staff of the Ontario Hospital. Mrs. Stangeby has served for the past eight years as assistant superintendent of nurses while Mrs. Kavanagh was Ward A supervisor.

QUEBEC

The following nurses are serving on the executive of the Bilingual Division of Industrial Nurses, A.N.P.Q.: Past president, M. Wheeler, Electrolux (Canada) Ltd. Advisers: English, M. Forbes, Children's Service Centre; French, J. Lacasse, Montreal Public Health Dept. Chairwoman, A. Laberge, Dominion Textile Co. Ltd.; vice-chairwoman, O. Bell, Canada Steamship Lines Ltd.; secretary-treasurer, L. McClusky, Federal Electric Mfg. Co. Ltd. Publicity and program, English, M. Burton, C.N.R.; French, R. Payeur, Distillers Corp. Ltd. General committee: L. Lavallée, The Bell Telephone Co.; C. Desrosiers, Dominion Bridge Co. Ltd.; G. Manthorp, Canadian Car & Foundry Co. Ltd.; L. Besner, Anti-Tuberculosis League; M. Caron, Wilsil Ltd.; R. McCutcheon, C-I-L; E. McCullough, Canadian Vickers Ltd.; M. Tyrell, Jas. A. Ogilvy's Ltd.; Mrs. Wadge, Canadian General Electric Co. Ltd.

HUNTINGDON

The County Hospital has gained a superintendent of nurses of wide experience in the person of Mrs. E. M. Wright, who recently resigned from the Brome-Missisquoi-Perkins Hospital in Sweetsburg, Que., to take up her new duties. Mrs. Wright is a graduate of the Montreal General Hospital School for Nurses and has held positions with the Columbia University Medical Centre and the Reddy Memorial Hospital in Montreal, as well as The Montreal General. In 1937 she was the recipient of the Coronation Medal for valuable services in nursing.

Mrs. Elizabeth Paintin, formerly superintendent of nurses, Barrie Memorial Hospital, Ormstown, will succeed Mrs. Wright at the Brome-Missisquoi-Perkins Hospital.

MONTREAL

General Hospital

It has been announced by the Board of Management that Ann Isobel Black, former district superintendent, Greater Montreal Branch, Victorian Order of Nurses, has been appointed director of nursing.

M. Gower-Rees and C. Franckum attended the I.C.N. Congress in Brazil.

Royal Victoria Hospital

Ethel F. Murray is now the executive secretary of the Marin County Tuberculosis Association, Calif. Helen Murphy, who recently obtained her Master's degree from the University of Chicago, is remaining on the staff of the university. Barbara Collins is on the staff of St. Joseph's Hospital, Sarnia. Florence Gass was a recent visitor to the school.

Helene Lamont, director of Nursing, Eileen Flanagan, supervisor of nursing in the Montreal Neurological Institute, and Nancy Dunlop, who is now working in Saint John, N.B., attended the I.C.N. Congress in Brazil last July.

QUEBEC

Jeffery Hale's Hospital

Events honoring the graduating class of the School of Nursing were a dinner at which Archdeacon Reed was guest speaker and S. MacKenzie class prophet, and a formal dance. The prize winners were: J. Seale, S. MacKenzie, A. C. Therriault, C. Fallon. At the graduation ceremony Dr. P. Kozak gave an interesting address.

Resignations from the staff include: M. Green, M. Summers, and C. Bellevance. Miss McCreath has replaced M. Green on the teaching staff.

VAL D'OR

Reelected to office in the Val d'Or-Bourlamaque Nurses' Association at their annual meeting were: President, Mrs. O. Savard; vice-president, Mrs. R. Cotnoir; treasurer, Mrs. N. Priske; secretary, Mrs. P. Sevigny; public relations convener, Mrs. A. Pelletier; councillors, Mmes P. Trahan, C. Baillargeon, B. Simard, Misses Y. Courval, M. Roy. Mrs. D. R. Diebel resigned as assistant treasurer, to be replaced by Mrs. N. Skory.

P. Bouchard and Mrs. Trahan were presented with gifts after the meeting.

SASKATCHEWAN

HERBERT

A. Clifton, matron of Herbert-Morse Union Hospital, became president of the Nurses' Association when they organized recently. Mrs. King is vice-president and Miss Thompson, secretary-treasurer. Councillors are Mmes R. Bestrop and G. Myers of Morse. This is an organization for graduate nurses and all those residing in the district are invited to join.

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For further information write to:

Miss H. M. Lamont, Director of Nursing, Royal Victoria Hospital, Montreal 2, Que. or Miss Kathleen Marshall, Supervisor of Nurses, Allan Memorial Institute of Psychiatry, Royal Victoria Hospital, Montreal 2, Que.

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Asst. Director of Nursing for 400-bed hospital with school of 200 students. Full information on application to Director of Nursing, City Hospital, Saskatoon, Sask.

Night Supervisor, Asst. Night Supervisor & Graduate Staff Nurses for 226-bed General Hospital with School of Nursing. Large expansion underway. 8-hr. duty. Good personnel policies. Apply Director of Nurses, Jewish General Hospital, Montreal 26, Que.

Nursing Instructor at once. Salary: $243.36-293.36 depending on qualifications & experience, preferably with Psychiatric Nursing preparation. 44-hr. work wk. Uniforms supplied. Modern residence. $30 charge per mo. for perquisites. Excellent holiday, sick leave & pension benefits. Apply, stating qualifications & experience, Supt. of Nurses, Provincial Mental Hospital, Ponoka, Alta.

Instructor of Nursing, Science Instructor & Clinical Instructor. Apply Director of Nursing, Victoria Public Hospital, Fredericton, N.B.

Nursing Arts Instructor for School of Nursing. 150 students—450-bed hospital. Apply Director of Nursing, General Hospital, Saint John, N.B.

Operating Room Supervisor (special preparation preferred). Also **Dietitian & Night Supervisor** for 100-bed hospital. Salary depends on qualifications & experience. Apply Soldiers' Memorial Hospital, Campbellton, N.B.

Operating Room Supervisor for 800-bed hospital. Salary open. Apply Supt. of Nurses, General Hospital, Regina, Sask.

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Asst. Administrative Supervisor for Operating Rooms for University of Alberta Hospital. Salary: $225 per mo. plus meals & laundry. 44-hr. wk. 11 statutory holidays. 31 days vacation. Cumulative sick leave. Pension plan. Apply Director, School of Nursing, University of Alberta, Edmonton, Alta.

Clinical Supervisor for Psychiatric Unit, University of Alberta Hospital. Salary: $225 per mo. plus meals & laundry. 11 statutory holidays. 31 days vacation. Cumulative sick leave. Pension plan. Apply Director, School of Nursing, University of Alberta, Edmonton, Alta.

Clinical Supervisor (qualified) for Jeffery Hale's Hospital, Quebec City, Que. For details apply Director of Nurses.

Teaching Supervisor for Communicable Disease Division. Salary open. Apply Supt. of Nurses, General Hospital, Regina, Sask.

Night Supervisor for 100-bed hospital. Apply, giving experience, references, etc., Supt., The Cottage Hospital, Pembroke, Ont.

Night Supervisor, General Duty Nurses & Grace Graduates. Three 8-hr. shifts, alternating weekly. Good personnel policies covering vacation, hospitalization & sick time. Apply Supt., Queens General Hospital, Liverpool, N.S.

Asst. Night Supervisor & Registered Staff Nurses for Communicable Disease Hospital. Apply Acting Supt. of Nurses, Alexandra Hospital, 230 Charron St., Montreal 22, Que.

Supervisor for Out-Patient Dept. & Asst. Nursing Arts Instructor for Civic Hospital, Ottawa, Ont. Good personnel policies. Pension plan after 2 yrs. Apply Director of Nursing.

Asst. Head Nurses for 60-bed Pediatric-Orthopedic Hospital. Also **Operating Room Supervisor** (fully experienced). Apply, stating qualifications & experience, Director, Shriners' Hospitals for Crippled Children, Montreal 25, Que.

Municipal Nurses for Province of Alberta. Rural service, emergency treatment, public health & maternity program. Salary: $2,160-3,000 depending on qualifications & experience plus modern furnished cottage. Excellent sick leave, vacation & pension benefits. Apply Director, Nursing Division, Dept. of Public Health, 124 Administration Bldg., Edmonton, Alta.

Public Health Nurse for Greater Montreal Branch of Victorian Order of Nurses. Interesting program of nursing care & health counselling in homes. Stimulating staff education program. 5-day wk. 4 wks. vacation. Initial salary: $2,700. Annual increments. Apply District Director, V.O.N., 1246 Bishop St., Montreal 25, Que.

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Apply to: **Personnel Dept., General Hospital, Vancouver 9, B.C.**

Public Health Nurses (qualified, experienced). Salary schedule: $2,400-3,100 depending on experience. Annual increment $100. Pension plan. Car provided or car allowance. Apply Dr. C. M. Horner, Director, Northumberland-Durham Health Unit, Cobourg, Ont.

The Province of Manitoba requires **Asst. to Supt. of Nurses** for Infirmary Unit at Hospital for Mental Diseases, Selkirk, Man. Must be Registered Nurse. Applicants should possess some Mental Hospital experience & should be capable of teaching in School of Nursing attached to hospital. Salary range: $2,880-3,240 per annum. This position offers regular annual increases, liberal sick leave with pay, 4 wks. vacation with pay annually & pension privileges. Apply, stating qualifications & experience, Manitoba Civil Service Commission, 247 Legislative Bldg., Winnipeg, Man.

Registered Nurses for General Duty, Caseroom & Eye Ward of 500-bed General Hospital. 5-day wk. & excellent personnel policies. Apply Director of Nursing, Royal Jubilee Hospital, Victoria, B.C.

Registered Nurses (2) for General Duty in 17-bed hospital about 100 miles from Calgary. Salary: $165 with full maintenance. Increase of $5.00 per mo. after each 6 mos. service up to 3 increases. Transportation refunded after 6 mos. service. Usual vacation & statutory holidays. Apply Municipal Hospital, Elnora, Alta.

Registered Nurses (2) for General Duty. Salary: $160 per mo. plus full maintenance. 8-hr. day, 5½-day wk., rotating shifts. Also **Trained Aide (1).** Salary according to experience & training. Apply Saugeen Memorial Hospital, Southampton, Ont.

Registered Nurses for General Duty in 70-bed General Hospital in San Gabriel Valley, 40 min. from Los Angeles. Close to beaches & mountains. 40-hr. wk. 2 wks. paid vacation. 6 mos. increase in salary. Paid hospital insurance. Starting salary: $235 per mo.; $10 differential for afternoons & nights; $10 differential for surgery & maternity. Write for application form Supt. of Nurses, Inter-Community Hospital, Covina, California.

Dietitian for 150-bed hospital. Salary: $170 plus full maintenance. Blue Cross. 1 mo. vacation after 1 yr. service. Cumulative sick leave. Responsible person required. Apply Administrator, Alexandra Hospital, 230 Charron St., Montreal 22, Que.

Registered Nurses for General Duty in County Hospital, Huntingdon, Que. This is a small General Hospital in Town of Huntingdon, 45 miles southwest of Montreal, connected by excellent train & bus service. Pleasant working conditions. 8-hr. duty, 3 rotating shifts. Nurses' home attached to hospital. Attractive community social life. Two theatres, badminton club, skating, curling, dancing & only 8 miles from Lake St. Francis. Salary: $140 per mo. & full maintenance. 3 increases of $5.00 per mo. at 6-mo. intervals. 10 days sick leave per yr. & 4 wks. holiday. Apply to the Matron.

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Graduate Nurses for General Duty. Salary: $193.36-233.36 per mo., depending on qualifications & experience. 44-hr. work wk. Uniforms supplied. Modern residence. $30 charge per mo. for perquisites. Excellent holiday, sick leave & pension benefits. Apply, stating qualifications & experience, Supt. of Nurses, Provincial Mental Hospital, Ponoka, Alta.

Graduate Nurses for General Staff Duty in 350-bed Tuberculosis Hospital in Laurentian Mts. For further information apply Director of Nursing, Royal Edward Laurentian Hospital, Ste. Agathe des Monts, Que.

Graduate Floor Duty Nurses for Mount Hamilton Hospital, (Maternity), Hamilton, Ont. 44-hr. wk. Statutory holidays. Initial gross salary bi-weekly: $100. For other perquisites & further information apply Supt.

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General Duty Nurses — "You will like it here." Placement in the service of your choice in Teaching Hospital. Beginning salary: $240 per mo. for 40-hr. wk. Scheduled increases, payment for overtime, 6-hr. evening duty. $270 per mo. for night duty. Sick leave, 6 holidays, 3 wks. vacation. Residence facilities if desired. Tuition-free courses after 6 mos. service. Opportunities for advancement. Apply Director of Nursing Service, University Hospitals of Cleveland, Cleveland 6, Ohio.

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General Duty Nurses by early Sept. for United Church of Canada hospital, 300 miles north of Vancouver on B.C. coast. Salary: $210 per mo., less $40 for board, room, laundry of uniforms. 2 annual increments of $5.00 per mo. Sick time, 1½ days per mo. cumulative. 1 mo. annual holiday plus 10 days in lieu of statutory holidays. Transportation to Bella Bella refunded after 1 yr. Apply Matron, R. W. Large Memorial Hospital, Bella Bella, B.C.

General Duty Nurses for 430-bed hospital. 44-hr. wk. 11 statutory holidays. Salary: $240-270. Credit for past experience. Annual increments. Cumulative sick leave. 28 days annual vacation. Apply Director of Nursing, Royal Columbian Hospital, New Westminster, B.C.

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General Duty Nurses for Operating Room. Salary at rate of $2,340 per yr. Apply Director of Nursing, Civic Hospital, Peterborough, Ont.

General Duty Nurses & Certified Nursing Assts. for 107-bed modern hospital. Starting salary for nurses: $175 per mo. plus meals & laundry. Differential for evening & night duty. Periodic increases. Travelling expenses from point of entry into Ont. refunded after 6 mos. service. 44-hr. wk. 8 statutory holidays. 21 days holidays with pay. Cumulative sick time. Medical & hospital plan subsidized. Room accommodation available in residence. Apply Supt. of Nurses, Kirkland & District Hospital, Kirkland Lake, Ont.

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Nurse (1) with O.R. experience — salary: $230 per mo. & **General Duty Nurses** for 110-bed hospital. Starting salary: $220 per mo. for B.C. Reg. with annual increase up to $25; less $52.50 for board, room, laundry. 18 days cumulative sick time annually. 28 days vacation after 1 yr. 10 statutory holidays. Excellent golf, swimming, skiing & other recreational facilities. Apply Director of Nursing, Trail-Tadanac Hospital, Trail, B.C.

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Nurses interested in care & rehabilitation of those patients in later years of maturity. Starting salary: $240 per mo. 8-hr. day, 40-hr. wk. 3 wks. vacation. 6 paid holidays. New hospital affiliated with Western Reserve Medical School & associated with University Hospitals. Apply Director, Benjamin Rose Hospital, 2073 Abington Rd., Cleveland 6, Ohio.

Nurses — vacancies for all grades of nurses & other hospital personnel. Apply International Employment Agency, 531 E. Grand Blvd., Detroit 7, Michigan. (Phone WAlnut 1-8543).

Matron immediately (preferably middle-aged) for 18-bed hospital. Comfortable nurses' home on hospital grounds. Apply, giving qualifications with references, to The Hospital Board, Little Bow Municipal Hospital No. 25, Carmangay, Alta.

Matron for 8-bed Union Hospital, Hodgeville, Sask. Salary: $275 plus full maintenance if residing in hospital. Also **Registered Nurse (1).** Salary: $225 per mo. Apply J. E. Hunter, Sec.-Treas.

Hospital Supervisor for New Brunswick Division, Canadian Red Cross Society. Overall supervision of four 8-10 bed rural hospitals. Headquarters in Saint John. Personnel policies liberal. Bursary available for advanced preparation after period of employment. Special arrangements for transportation. Apply Commissioner, New Brunswick Division, Canadian Red Cross Society, 66 Prince William St., Saint John, N.B.

Operating Room Supervisor for active Operating Room. Salaries in accordance with Sask. Registered Nurses' Ass'n. For further information apply Director of Nursing, City Hospital, Saskatoon, Sask.

Operating Room Supervisor & Graduate Nurses (2) for 163-bed Sanatorium. 8-hr. duty. Generous vacation with pay. Modern nurses' residence. Apply, stating salary expected, Supt. of Nurses, Sudbury Algoma Sanatorium, Sudbury, Ont.

Supervisor (experienced) interested in teaching & administration of hospital serving Extended Illness (516 beds). (Graduate & Nursing Aide staff.) Salary depending on qualifications. Apply Supt., Queen Elizabeth Hospital, 130 Dunn Ave., Toronto 3, Ont.

Supervisor for small Eye Ward with operating experience. Salary: $240 with credit for experience & post-graduate work. Annual increments, cumulative sick leave, 28 days annual vacation. 40-hr. wk. & 11 statutory holidays. Apply Director of Nursing, Royal Jubilee Hospital, Victoria, B.C.

Dietitian for 70-bed General Hospital. Good personnel policies. Apply, giving full particulars, Supt., Ross Memorial Hospital, Lindsay, Ont.

Dietitian at once for Prince County Hospital, Summerside, P.E.I. Well staffed, modernly equipped kitchen. Also **General Duty or Staff Nurses** for Surgical & Obstetrical floors. Apply Supt.

Public Health Nurses (Catholic) (2) for Visiting Nursing in Greater Toronto. Alternating 5- & 6-day wk. 1 mo. holiday after 1 yr. service. Starting salary: $2,700. Apply Director, Miss H. Heffernan, St. Elizabeth Visiting Nurses' Ass'n., 67 Bond St., Toronto 2, Ont.

Registered Nurses (Catholic) (2) for Visiting Nursing in Greater Toronto. Alternating 5- & 6-day wk. 1 mo. holiday after 1 yr. service. Starting salary: $2,460. Apply Director, Miss H. Heffernan, St. Elizabeth Visiting Nurses' Ass'n., 67 Bond St., Toronto 2, Ont.

Staff Nurses & General Staff Nurses for new 112-bed Maternity Bldg. Gross monthly salary min. staff: $225. General Staff: $200. Deduction of $25 for meals & laundry. Credentials & experience given consideration in employing staff. Apply Supt. of Nurses, Royal Alexandra Hospital, Edmonton, Alta.

Registered Nurses for General Duty in new hospital in Northern Ontario. Salary: $170 per mo. Blue Cross Plan. 44-hr. wk., rotating shifts. 4 wks. vacation with pay after 1 yr. Living accommodation available. Apply Mrs. M. Musgrove, Sec., New Liskeard & District Hospital, New Liskeard, Ont.

Registered Nurses for General Duty in 200-bed hospital in Niagara Peninsula. Gross salary: $210 — afternoons, $220; nights, $215. Increments & return train fare after 12 mos. Also **Certified Nursing Assts.** Salary: $160. Regular 8-hr. shift. 3 wks. vacation. 8 statutory holidays. Cumulative sick leave. Accommodation available in attractive residence. Apply Director of Nursing, County General Hospital, Welland, Ont.

Registered Nurses for General Duty in 90-bed General Hospital in city of 10,000, 50 miles from St. Paul, Minn. Excellent streamliner rail service to St. Paul & Chicago. Base salary: $235 plus four $5.00 semi-annual increases. Additional $10 for night & $15 for relief shifts. 40-hr. wk. 3 wks. vacation paid after 1 yr. service. Paid holidays, sick leave & other benefits. Apply Director of Nurses, St. John's Hospital, Red Wing, Minnesota.

Registered Nurses for General Duty in 48-bed hospital. Salary: $175 per mo. with full maintenance. $10 bonus every 6 mos. 3 wks. holiday with pay. 48-hr. wk., rotating shifts. Apply Matron, Municipal Hospital, Wainwright, Alta.

Registered General Duty Nurses immediately for active 31-bed hospital. Comfortable living accommodation. Salary: $200 with free maintenance. 3 wks. vacation after 1 yr. Apply Supt., Little Long Lac Hospital, Geraldton, Ont.

Registered General Duty Nurses for 35-bed active General Hospital, 50 miles from Toronto. 44-hr. wk., rotating shifts. Gross salary: $200 per mo. Apply Supt., Lord Dufferin Hospital, Orangeville, Ont.

Registered Nurse for 14-bed Union Hospital, Lucky Lake, Sask. Salary: $180 plus full maintenance. Apply Sec.-Treas.

General Duty Nurses for 920-bed General Hospital. Starting salary: $190-210 per mo. plus meals & laundry. Credit for past experience, annual increments. 44-hr. wk., rotating shifts. Statutory holidays, 21 days vacation, cumulative sick leave, hospitalization subsidized, pension plan. For further information apply Supt. of Nursing Service, University of Alberta Hospital, Edmonton, Alta.

POSITIONS VACANT

HAMILTON GENERAL HOSPITAL

The **Hamilton General Hospital School of Nursing** invites immediate applications for:

(a) ***Operating Room Dept.*** — Staff and Graduate Floor Duty.

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(i) Medicine. (ii) Surgery.

(c) ***Graduate Floor Duty Nurses.***

- General Hospital • 900 beds • 300 students • Opportunities for advancement

For further information write:

Director of Nursing, General Hospital, Hamilton, Ontario

Graduate Nurse — 3-11 p.m. charge duty & relief Nursing Office. Salary: $225 per mo. plus maintenance. Also **General Duty Nurses.** Salary: $185-200 per mo. plus maintenance. Annual increase. Good personnel practices. 70-bed General Hospital, 25 miles from New York City. Apply Administrator, Tarrytown Hospital, Tarrytown, New York.

Graduate Nurses — Attention! There are a few vacancies on staff of 50-bed active modern hospital, 1 hr. from Vancouver. Accommodation available in modern residence — individual rooms. Basic salary: $220 if registered in B.C. Other R.N.A.B.C. personnel recommendations in effect. Apply Miss M. R. Ward, Supt. of Nurses, Langley Memorial Hospital, Murrayville, B.C.

Graduate Nurses for all services in 450-bed hospital, fully approved. Affiliated with University of Washington Schools of Medicine & Nursing. Liberal personnel policies. Salary: $255-285; $2.00 additional for each evening, $1.50 for each night worked. $10 additional for operating room, emergency room, communicable disease. Rooms available in nurses' residence. Apply Director, Nursing Service, King County Hospital, Seattle 4, Washington.

Matron for 11-bed Union Hospital, Gainsborough, Sask. Salary: $250 per mo. with full maintenance. An R.N. with experience acceptable. Apply R. R. Southam, Supt.

Graduate Nurses for General Duty in 50-bed hospital for Crippled Children on Vancouver Island. Salary: $220 per mo. less $44 board & lodging. 44-hr. wk. 28 days annual vacation. 10 statutory holidays. Single room living accommodation in new cottages adjacent to hospital, 50 yds. from seashore. Recreation available in tennis, swimming, boating, fishing. Hospital situated on main highway bus route within easy driving distance of Victoria. Apply immediately, stating age & qualifications, Director of Nursing, Queen Alexandra Solarium for Crippled Children, Cobble Hill, Vancouver Island, B.C.

Hospital Supt. — Registered Nurse, preferably with Hospital Administration experience, to take charge of 40-bed Home for Boys & Girls, ranging from 2-17 yrs., mostly wheel chair cases. Position vacant around Oct. 1. Apply, stating experience & qualifications, President, Board of Management, Home for Incurable Children, 278 Bloor St. E., Toronto 5, Ont.

Operating Room Supervisor & Asst. Night Supervisor for 125-bed hospital. Straight 8-hr. day, 44-hr. wk. For further information apply Supt. of Nurses, Children's Hospital, Winnipeg, Man.

Operating Room Nurses (2) for 180-bed hospital. Salary: $210 (minimum) plus laundry. **General Duty Nurses for Medicine & Surgery.** Salary: $210 per mo. plus laundry. **Evening Supervisor.** Salary: $235 per mo., plus laundry. Increase of salary according to experience. Apply Director of Nursing, Providence Hospital, Moose Jaw, Sask.

Supervisor (experienced) to act as **Asst. Supt.** Day duty only — 44-hr. wk. This is a general supervisory position in active 50-bed hospital close to Toronto. Apply, giving full particulars as to age, qualifications, experience & reference, Supt., General Hospital, Cobourg, Ont.

General Duty Nurses for 200-bed General Hospital in B.C. Interior. Starting salary: $225. Annual increments. Credit for past experience. 28 days annual vacation. Cumulative sick leave. Apply Director of Nursing, Royal Inland Hospital, Kamloops, B.C.

WOODSTOCK GENERAL HOSPITAL
WOODSTOCK, ONTARIO
invites applications for
GENERAL STAFF NURSES (Ont. Reg.)
Obstetrical, Medical and Surgical Wards
For full particulars apply to:
MISS PHYLLIS BLUETT, DIRECTOR OF NURSES,
General Hospital, Woodstock, Ontario.

Graduate Nurses for 175-bed Tuberculosis Hospital operated by Indian Health Services of Dept. of National Health & Welfare. Hospital situated 7½ miles from Prince Rupert, B.C. (pop. 10,000). Good bus service. Salary: $242 per mo. less $30 per mo. for room, board, laundry. Annual salary increments. 44-hr., 5½-day wk. Regular Civil Service holidays & cumulative sick leave. Apply airmail to Matron, Miller Bay Indian Hospital, Box 1248, Prince Rupert, B.C.

Graduate Nurses for 200-bed hospital at Moose Factory, Ont., operated by Dept. of National Health & Welfare, Indian Health Services & serving James Bay & Hudson Bay areas. Hospital is 3 miles from Moosonee which has good rail connections. Salary up to $2,930 per annum minus $30 per mo. for room & board. Good living accommodation, generous leave provisions, plus all other benefits available to public servants. Apply Chief, Personnel Division, Dept. of National Health & Welfare, Booth Bldg., Ottawa, Ont.

Public Health Nurse as soon as possible. Starting salary: $2,496. Previous experience qualifies for higher salary. Cost of transportation to Port Arthur refunded after working for 3 mos. Car allowance or free transportation while on duty. Pension plan after 3 yrs. service. Applications, stating qualifications & experience, will be received by A. H. Evans, Sec., Board of Health, Port Arthur, Ont.

General Duty Nurses. Salary: $185. Increment of $5.00 every 6 mos. to reach $205. Vacation, 3 wks. after 1 yr. 7 statutory holidays. 1 day each wk. — 5 within mo. Sick leave, 1½ days per mo. after 6 mos. Uniforms laundered. $35 deducted for room & board. For 109-bed modern hospital. Apply Director of Nurses, Memorial Hospital, Tillsonburg, Ont.

Graduate Nurses for General Duty. Starting salary: $235 with B.C. registration. R.N. A.B.C. working agreement. New 111-bed hospital provides modern equipment & pleasant surroundings. Good living accommodation. Apply Supt. of Nurses, West Coast General Hospital, Port Alberni, Vancouver Island, B.C.

W.H.O.'s New Director-General

Dr. M. G. Candau was born in Rio de Janeiro, Brazil, in 1911. He completed his medical studies at the School of Medicine of the State of Rio de Janeiro and at the School of Hygiene and Public Health of the Johns Hopkins University, Baltimore. He was appointed superintendent of the "Servicio Especial de Salude Pública," a public health program that operates in a region comprising almost half of Brazil.

In 1952 he became deputy director of the Pan American Sanitary Bureau, Washington, which is also the Regional Office for the Americas of the World Health Organization. Earlier, Dr. Candau served for two years at WHO Headquarters in Geneva, first as director of the Division of Organization of Public Health Services and afterwards as Assistant Director-General in charge of Advisory Services.

After the swearing-in ceremony before the Sixth World Health Assembly in Geneva, Dr. Candau told the delegates of 70 nations:

"Built on the firm foundations of our Constitution, the legacy of five years of work is now being handed over to me by Dr. Brock Chisholm. It seems to me that the very fact that I follow him in office makes it unnecessary for me to outline here any new program of action or to submit to you any fresh proclamation of faith.

"Indeed to all of us, and to thousands outside WHO, the name Chisholm means far more than just that of the first Director-General of WHO. It is a name that has become identified during the last few years with the basic ideals of the Organization: infinite respect for the dignity of man, wherever and under whatever conditions he lives, clear and serene vision of the forces which will decide his fate, and unbroken determination to devote every day's energy and work towards the creation of a peaceful world community in which the material, spiritual and cultural progress achieved by each nation will benefit all.

"I know that I shall have deserved the trust you have placed in me if I follow the path which that great leader, Dr. Chisholm, has traced for all those whose hopes for a healthier world are intimately linked to the success of our Organization."

—*WHO Newsletter,* June-July, 1953

Antibiotic Treatment for Oral Infections

MAN'S TEETH, the hardest structure in the body and the most durable one after death, are deteriorating at an unprecedented rate in the mouths of millions throughout the world, recent statistics indicate.

According to Prof. Guttorm Toverud, dental-health consultant of the World Health Organization, nearly 100 per cent of young people in industrialized areas of the world are attacked by tooth decay, while similar numbers of their elders suffer, in addition, from diseases of the gums and related ailments.

However, striking successes are increasingly being reported in the fight on oral infections that frequently result in loss of teeth and many bring about general bacterial poisoning. Recent studies indicate that most infections of the mouth can now be controlled by the so-called "broad-range" antibiotics. For example, pyorrhea, as well as other stubborn conditions affecting the gums and teeth, "all responded in a spectacular way" to terramycin.

Encouraging results have also been observed in how quickly terramycin terapy reduced inflammation and pain in patients suffering from necrotizing gingivitis, a serious gum infection.

Another common tooth-destroyer, cellulitis, also responds to antibiotics attack, two recent studies indicate. In the course of a clinical study involving cellulitis as well as 25 other oral diseases, Dr. H. A. Osserman found the antibiotic successful in over 90 per cent of more than 200 patients. This dentist told a recent meeting that with the aid of terramycin, "conservative surgical procedures will succeed where formerly radical procedures would have been indicated."—*Medical & Pharmaceutical Information Bureau, New York.*

Veterans Saw Hit Film

THE HIT FILM OF THE YEAR—"A Queen is Crowned"—has created outstanding interest among veterans in D.V.A. hospitals. The film has been shown as a feature of the Canadian Red Cross Film Service in all parts of Canada. The film has been seen by veterans at Quebec and Sherbrooke, Winnipeg, Calgary, Edmonton, Vancouver and Victoria. In September it was being shown in Saskatchewan for the first week. The Ontario tour begins September 11 at Kitchener and London; St. Catharines, Hamilton, and Brantford, September 18; Gravenhurst, September 23. The tour will close September 28 at Ste. Anne de Bellevue, Que.

—*News of Red Cross*

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The Association of Nurses of the Province of Quebec

The Association of Nurses of the Province of Quebec, created by Licensing Act, April 17, 1946, replacing The Registered Nurses Association of the Province of Quebec
Incorporated February 14, 1920.

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